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THE CANADIAN NURSE

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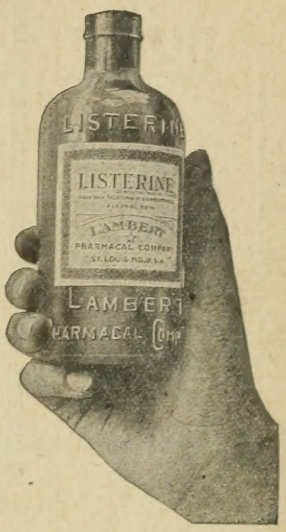

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Surgical Technic in Orthopædic Surgery

By WALTER G. ELMER, M.D., of Philadelphia

Instructor in Orthopædic Surgery in the University of Pennsylvania

Read before the Philadelphia Academy of Surgery,

Orthopædic surgery makes peculiar demands upon us in regard to surgical technic. The operations, if they are to be successful, must be carried out in an aseptic manner. Perfect asepsis cannot be attained, but we can very nearly reach it if we go about our work with intelligence and painstaking care in regard to the smallest detail.

In performing the operations of orthopædic surgery it is frequently necessary to use a good deal of force in correcting the deformity, and, no matter how carefully the skin has been prepared, these forcible manipulations will force the staphylococcus epidermis albus from the deeper layers of the epithelium out to the surface where the organism is capable of causing mild infection in the operation wound. An example of this is seen in the correction of a talipes equinovarus, where the foot is stretched and manipulated by the operator's hands or molded over the König block or perhaps the Thomas wrench is used. And in order to secure the required amount of correction, it may be necessary to divide the posterior tibial tendon by an open incision and do a plastic

operation on the Achilles tendon. An operation of this character is usually performed at one sitting. In another class of cases the forcible stretching and correction is done at some time previous to the operation and the foot held in its corrected position in a plaster-of-Paris case until a later time, when the tendon transplantation or arthrodesis may be done—as in the infantile paralysis cases.

When silk is imbedded in the tissues and we wish it to remain permanently, the slightest infection of the silk will defeat the operation, as the silk will eventually cause suppuration and must be removed. If silk is used as an artificial ligament or tendon, it acts as a foreign body in the tissues. The tissues react to its presence and deposit granulation tissue along the strand. This in time becomes converted into fibrous tissue and we have then a new ligament or tendon of living tissue, the centre of which is the buried silk. The process requires a long time. The limb must remain fixed in plaster-of-Paris about nine months. The silk will then remain permanently in place. But if the silk is infected with even so mild an organism as the staphylococcus of the skin, it will probably loosen and work its way out or must subsequently be removed.

In opening joints great care must be taken to avoid introducing the skin coccus within the joint cavity. Therefore, two knives should be used—one for the skin incision and another to use in the deeper structures.

But my purpose in presenting this paper is to call attention to several important ways in which the wound may become contaminated by organisms far more potent than the skin coccus, types of infection which may defeat the operation and even be a serious menace to the life of the patient. The responsibility rests largely upon the nursing staff and the technic of the operating room is good or bad according to the intelligence and ability of the nurses in charge of it.

The head nurse must directly and personally supervise the work of her assistants, and the directress of nurses is responsible for the head nurse. The most important feature of a large general hospital is the operating room—and this includes, of course, its personnel.

The visiting surgeon in performing a series of operations expects everything to proceed smoothly and without friction—doctors and nurses working in harmony—and all coöperating to secure the best results. When one operation follows another in quick succession—perhaps not five minutes in the interval between them—it is not always possible to relegate the septic cases to the last, as it sometimes happens that infectious material is encountered when it is not expected.

A gall-bladder may be septic or an appendix may be lying in a small pocket of pus. A clean pelvic operation may reveal a pyosalpinx. Therefore, in every series of operations one must take it for granted that they may not all be clean cases.

The operating-room nurse and her assistants must have absolute confidence in their ability to so conduct the technic that there is no

possibility of carrying infection from one patient to another. This requires constant vigilance and can only be entrusted to a highly trained head nurse.

In most hospitals it is customary for the directress of nurses to make a daily tour of inspection of the hospitals under her charge. She visits the private patients and the ward patients, sees that the wards are clean, looks at the bed linen, walks into the kitchen and pantry, opens the doors of cupboards and closets, inspects the toilet-rooms, and in a hundred other ways assures herself that the hospital is being conducted in a clean and orderly manner. And yet more important than all these is the operating room, and I would suggest that the directress of nurses occasionally vary her routine and go unannounced into the operating room or the clinical amphitheatre when a series of operations is in progress and remain throughout an entire forenoon or afternoon, watching with vigilant and critical eyes every detail of the work of her nurses.

In my visits to hospitals in other cities I usually seek out the operating-room nurse, and, if she can spare the time, ask her many questions in regard to the surgical technic.

From a seat in the clinical amphitheatre during a series of operations one can also gain a very fair idea of the care and thoroughness with which the nurses have been taught.

I will mention some of the weak links in the chain of surgical technic as they have come to my notice in different hospitals, and the fact to be kept in mind is that any one of these weak links is capable of causing a complete breakdown in our surgical asepsis and result in the failure of our efforts to secure clean primary healing of our operation wounds. Of what use is it to insist on our surgical staff, both doctors and nurses, wearing mouth-guards, when it is possible to point out faults in the technic by which septic virus may be carried from an infected case to a clean one?

First, then, we will consider the gutta-percha gloves. As the gloves can be sterilized *absolutely,* it is a good thing to use them. But the most important function of the rubber gloves is to prevent the skin of our hands from being infected with the highly tenacious poison of a septic case, as the skin of our own hands when so contaminated cannot be rendered clean for a clean operation which is to follow. A doctor or a nurse may carry this infection on their hands for several days in spite of all efforts to disinfect them. And it is most important that the hands and forearms of the surgeon and his staff of assistants should at all times be protected from contact with septic material.

The preparation of the rubber gloves, therefore, is a matter of the most vital moment. Beginning, then, with a pair of gloves which have been worn during a septic operation—which might have been a ruptured appendix and local peritonitis, an empyema of the gall-bladder or of the thorax, a pyosalpinx, or a dermoid cyst, drainage of an infected knee-joint or opening the thigh-bone for acute osteomyelitis, puerperal sepsis

and many other conditions. Poison of this character may remain potent for many days upon rubber gloves, basins, table tops and the like.

The infected gloves are washed with soap and water by a nurse who perhaps is handling them with her bare hands. Her hands, therefore, become the carriers of infection, and, even though she may not be assisting at operations, she may have a good deal to do with making the necessary preparations for an operation.

In some hospitals the nursing staff apparently has implicit faith in the autoclave. The nurses believe—and it is difficult to convince them to the contrary—that everything that comes out of an autoclave must be sterile because it has been exposed to live steam for twenty minutes or a half hour. But the autoclave is fallible. There is a serious and inexplicable inconsistency about the use of the autoclave. The gauze and cotton which come to the hospital from mills or factories, where it is most unlikely they could have become contaminated by any really virulent organisms—probably nothing more than the ordinary dust of a workroom, which is relatively harmless—are put into the autoclave for a half hour on three successive days in order to destroy all germs and spores. The most harmless of all the materials used at the operation are subjected to the most rigid and thorough sterilization.

The live steam under twenty pounds pressure penetrates every portion of the cotton, gauze, bandages, sheets, towels, gowns, etc.

And now as to the rubber glove. It is probably capable of greater harm than any other article which is used at the operation. Operating-room nurses have sometimes told me that they depend upon the autoclave to sterilize the gloves. If the gloves have been used in a septic case they are sterilized for twenty minutes, and if they have been used in a clean case they are sterilized for ten minutes. How the nurse knows whether a case is a clean or a septic one I do not know, because it sometimes happens that the operator himself does not know, and only a laboratory report by the bacteriologist can decide the point. When the nurse is asked why the gloves used in a clean case are sterilized only ten minutes instead of twenty, she replies that the longer exposure to the live steam is harmful to the rubber—that it shortens the life of the glove. She admits that the twenty-minute period is desirable for the septic gloves, but she does not and cannot know whether the gloves are septic or not in some cases. The gutta-percha is impervious to steam. The gloves are sometimes folded twice upon themselves and bound up in a small muslin package and a pile of these are packed into the autoclave. Now it is entirely probable that the live steam reaches all the parts of the outer surface of the glove, but I believe there are air pockets inside the glove—probably in the fingers or thumbs—which the steam never reaches. These air pockets therefore permit only *dry heat* sterilization instead of moist heat sterilization for twenty minutes. And the nurse knows that she is dealing with a glove which has been used in a case which was frankly a septic one. She runs her autoclave

at about twenty pounds pressure. This provides a temperature of approximately 260° in the sterilizing chamber. This is moist heat sterilization.

We know that boiling water (210° F.) will destroy all organisms and their spores in five minutes. The nurse therefore believes she has a wide margin of safety. But she overlooks the air pockets inside the gloves. These are receiving only dry heat. In order to destroy all germs and their spores by dry heat an exposure of about one hour at a temperature of 350° F. is required. The autoclave falls short of this by nearly 100° in temperature and forty minutes in time.

The surgeon, on putting on his gloves, may find when he opens the package that he has two rights or two lefts through an oversight on the part of the nurse who prepared them, and proceeds to reverse one of them, thus bringing the surface of the glove which may not be sterile outside, in contact with the operation field. Or, during the operation the finger of the glove may be punctured or torn and the result may be the same. In order to avoid all possibility of doubt as to the glove being sterile, we have the nurse wash the gloves with soap and water, turning them inside out while doing so. They are then filled with water to remove the air and immersed under the surface of the boiling water and held down by a piece of wire screen so that they cannot float up to the top and be exposed to the air.

They are boiled five minutes by the clock. When the water cools, the nurse, wearing sterile gloves, removes them, dries them with a sterile towel, powders them inside and out with sterile talcum powder and folds back the gauntlet. Into this she tucks loosely a small gauze pad covered with talcum powder which the surgeon uses for dusting his hands. The gloves are then placed without folding in a muslin cover and put into a large glass jar. The final preparation is just before they are needed for an operation. The muslin packets are placed full length in the autoclave, lying loosely in rows, not packed together in compact bundles, and sterilized for twenty minutes. The steam easily reaches every part of the glove and the dusting powder also. The surgeon can have absolute confidence in these gloves—there is no possibility of their carrying septic material from a previous operation.

There is another object which may be a carrier of a deadly virus and that is the sand pillow. It usually has a rubber or mackintosh cover. When it is used in a septic operation—as in an acute osteomyelitis or the drainage of an infected joint or necrosis of bone—the discharges from the wound soak through the sheets or towels and soil the sand pillow. The stains are wiped off with a wet cloth later before the nurse puts it away upon a shelf, but no attempt is made to sterilize it. Within a day or two the pillow may be called for again. This time the surgeon is going to remove a bone graft from the tibia to be inserted in the spine, or he finds it a convenient support in doing an arthrodesis on the foot. The most rigid asepsis is required. A nurse brings in the

sand pillow, the surgical nurse wraps a sterile cloth about it and it is placed under the patient's limb. So long as the sterile cloth remains dry no harm results. But it does not remain dry. Blood may run down upon it from the wound, or wet gauze sponges come in contact with it, instruments which have been rinsed in the basin of sterile water may be placed upon it, the surgeon washes his gloved hands in the sterile water and returns to the operation with his gloves dripping, and so the coverings of the sand pillow become wet. It is then only a matter of five or ten seconds before the operation field becomes contaminated with the poison of the septic case of the day before. I usually demonstrate this to my class of students by making a red ink stain on the sand pillow and allowing it to dry. The pillow is then covered with a white cloth and a wet gauze sponge is dropped upon it. In from five to ten seconds the red stain is seen coming through and by the end of two minutes the surrounding areas are red and the gauze sponge stained through and through, although it is fourteen layers of gauze in thickness. The demonstration is very simple and absolutely convincing. This same principle applies, of course, to the tops of the tables upon which the instruments are placed and also the top of the operating table. Very often this latter is covered with a rubber pad and this in turn with a clean sheet. If the operation happens to be upon a patient's lower limb, the limb is painted with a 3 per cent. solution of iodine while an assistant holds it up with a sterile towel. Then the surgical nurse covers the operating table with a sterile cloth—probably folded to make it double thickness—and the limb is put down upon it. If the rubber pad has been soiled from the discharges of a septic case, our clean operation will almost certainly be infected as soon as the table coverings get wet. When one considers the character of the operative cases which come and go in the general routine of the operating room of a large general hospital, the great care which must be exercised by the nursing staff must be apparent.

In a single week there may be a series of operations which includes an operation for gall-stone complicated by an acute septic cholecystitis, the removal of a pyosalpinx, removal of a papillomatous ovarian cyst or a dermoid cyst, a child with ruptured appendix and acute peritonitis, a child with mastoid abscess, another with empyema, and many other similar cases, and all along the clean cases are being operated upon. It is an advantage to have one operating room set apart for septic cases, but even this does not overcome the difficulty. However, the measures to avoid carrying infection from one case to another are simple. There should be a rubber cover provided for each table. They should be sterilized just as the gloves are. The rubber cover is in turn covered with a sterile cloth. The same is true for the sand pillow. The operating table may be covered with a sterile folded blanket, and on top of this the sterile sheet folded double. Of a sterile rubber cover may be placed over that part of the operating table which is in the neighborhood of the operation, and upon this the sterile folded sheet.

The same procedure is followed for each operation.

The instruments are sterilized for ten minutes by boiling them in water to which a tablespoonful of carbonate of soda has been added. Only the instruments which will be required for the operation should be prepared. It is a disadvantage to sterilize a large number of instruments which are not likely to be used. They unnecessarily complicate the use of the instrument table, and it is also hard on the instruments. The knives are not boiled. After being used they are carefully washed before being put away. They are sterilized for operation by immersion for twenty minutes in a 1/20 carbolic solution of 3 per cent. formalin. They are removed by a sterile forceps to a tray of 85 per cent. alcohol. This seems to be a safer plan than to depend upon the alcohol tray alone, and particularly if the knife has been used previously in a septic operation.

Silk may be prepared by boiling it for ten minutes in a 1/1000 bichloride solution and then for ten minutes in plain water. If the silk is boiled with the instruments to which the soda has been added, its tensile strength may be impaired.

The catgut should preferably be obtained from the manufacturer in sealed glass tubes. These tubes when handled become coated with a thin layer of grease from one's fingers, and in this thin film living organisms or spores may lie imbedded and perfectly protected from the action of antiseptic solutions. It is not enough, therefore, to place these tubes in a tray containing carbolic solution or formalin solution. The germs are not destroyed, and the nurse, when she takes up the tube in her gloved hands and breaks it protected in gauze, is very likely to contaminate her gloves and, as she removes the strand of catgut and draws it out through her fingers, she may in turn carry the organisms along the catgut. Infection from the suture may result. This is avoided by boiling the glass tubes of catgut with the instruments. They are then placed in a tray of 1/20 carbolic solution or 3 per cent. formalin.

At the operation the nurse removes a tube of catgut from its tray by using a sterile forceps. She should never put her fingers into the tray. Silkworm gut is boiled with the instruments, also the rubber drainage tubes.

The white enameled basins are sterilized in the utensil sterilizer and a fresh set is used for each operation.

The large glass bowls which are seen in many operating rooms should not be used. There is no reliable way of cleaning them if they become contaminated during a septic operation. The few minutes intervening between one operation and the next do not give the operating-room nurse sufficient opportunity to render them surgically clean.

Mouth guards are worn by the surgeon and his assistants. The speaking voice is capable of projecting minute particles of saliva which carry organisms a distance of three feet, a cough or a sneeze two or three times that far. It seems unlikely that quiet breathing through the

nostrils can infect a wound, and it hardly is necessary to wear a mask which covers both mouth and nostrils. As the surgical nurse assists at the operation and sometimes finds it necessary to speak to the surgeon or his assistant, she may speak directly upon the suture which she is holding at the moment only a few inches away from her mouth. It is quite important, therefore, that she also should wear a mouth guard. The same applies to the anæsthetist if the operation is upon the head or neck or shoulders.

And, finally, it is worth while to mention the very mild infection which may be carried by sweat. It has never seemed to me that this is a serious menace, and yet it is possible that our catgut ligatures or sutures may become infected in this way and prevent the clean healing of the wound.

The sweat may come from the patient's skin as well as from the forearms of the operator or his assistants. No matter how carefully the surface of the patient's skin or the hands, forearms and arms of the operator and his assistants and nurses may be prepared, when the sweat glands begin pouring out their secretion until the sweat collects in droplets there is always a little risk of very mild wound infection.

The climate in Philadelphia is very hot in July and August, and it is not unusual to find ourselves working in an operating room with the temperature near or even above 100° F. The air, furthermore, is saturated with moisture. A leaking skin is inevitable under these conditions. The sleeves of one's gown may become saturated, or occasionally a drop of sweat may fall from the gauntlet of one's glove upon the field of operation. Under such uncomfortable conditions, I have found it an advantage to wear a gown with short sleeves and work with gloves and with the arms bare to above the elbows. During the operation I frequently rinse off my gloves and forearms to the elbow in the bichloride basin. The skin of the patient surrounding the immediate field of operation should be frequently mopped with a wet bichloride sponge.

Talcum powder cannot be sterilized in bulk. In the laboratory of the University Hospital we have been able to obtain living spores from the central portion of a box or shaker of talcum powder even though it had been repeatedly "sterilized" in the autoclave. The moist heat cannot penetrate the powder sufficiently to kill the spores which may be lying deeply imbedded in it.

Following is the surgical technic which I outlined for the assistance of our nursing staff in the Orthopædic Department of the University Hospital about two years ago. We have found it satisfactory in every way.

SURGICAL TECHNIC—WARD L

The Patient.—The day preceding: In the morning give drams two of castor oil, or dram one of aromatic fluid extract of cascara sagrada, and late in the day give a simple enema. In the afternoon prepare the region of opera-

tion. This means the whole extremity. In preparing the foot, pay particular attention to the toes, between the toes, the toe-nails, etc. First scrub with tincture of green soap and sterile water—using gauze sponges—for ten minutes. Follow this with sterile water, then scrub and thoroughly douche the part with a warm 1/2000 solution of bichloride of mercury; douche with sterile water and sponge with 85 per cent. alcohol. The limb is then covered with dry sterile gauze and bandaged.

The day of operation: A cup of broth or hot milk about 7.30 a.m. Water up to within two hours of operation. On the operating table, the sterile dressings are removed and the limb painted with a 3 per cent. tincture of iodine.

The Operating Staff: The surgeon, the assistant surgeon, the resident surgeon. The head nurse, the surgical nurse, the clinic nurse.

The resident surgeon acts as first assistant to the operator.

The assistant surgeon handles the instruments and acts as second assistant.

The head nurse is in the operating room throughout the operation and keeps a general supervision of the nurses and the operating room.

The surgical nurse has charge of the nurses' table and assists at the operation as required. She handles the sterile sheets, sponges, sutures, ligatures, needles, needle-holder, scissors, etc. She never touches anything which is not sterile. She wears a fresh sterile gown for each operation. At the end of an operation she removes her gloves. She disinfects her hands and puts on fresh gloves just before the next operation is to begin. She wears a mouth guard.

The clinic nurse does whatever is required in the operating room where sterile hands are not necessary.

The Operating Room: The washbasin and stands are scoured with "Sapolio" or "Old Dutch Cleanser," or some similar cleansing agent, and the metal parts kept bright with metal polish.

Only white-enamel basins are used in the operating room and these are sterilized in the utensil sterilizer.

On one table there are three basins: No. 1, a warm solution of bichloride of mercury, 1/1000; No. 2, alcohol, 85 per cent., about one-half inch deep and with several gauze pads; No. 3, sterile water.

The bichloride solution should be stained a faint blue, or be marked by a float, "Bichloride of Mercury, 1/1000."

On another table is a basin of sterile water which is to be used during the operation. This must always be replaced by a fresh basin for each succeeding operation.

The Nurses' Table: The table is covered with a sterile cloth, and on it are placed:

1. A tray containing packages of rubber gloves of various sizes and the sterile dusting powder.

2. A jar or tray of catgut in glass tubes of various sizes. These may be covered either with a 3 per cent. formalin solution or a 5 per cent. solution of carbolic acid. The tubes when wanted are removed from the jar or tray with sterile forceps.

3. A jar containing silk of different sizes and kept the same as above.

4. A jar of rubber drainage tubes, and kept the same as above.

For each operation the surgical nurse spreads a fresh sterile sheet or cloth across the front half of this table, and upon this she places the fresh sterile tray which contains the scissors, needle-holder, needles; and a glass tray which contains the scalpels and tenotomes covered with alcohol. The nurse touches

nothing on this table except the two trays and their contents and the sterile sheet upon which they rest. She must be careful not to contaminate the contents of any of the glass jars or trays which contain the catgut tubes, etc., but must always remove what she requires with sterile forceps. These forceps are, of course, re-sterilized with the other instruments before the next operation.

At the close of the operation, then the two trays and the sterile sheet are removed, to be replaced by fresh ones for the next operation.

Nothing which may have come in contact with one operation — either directly or indirectly — is to be permitted to come in contact with the following operation, either directly or indirectly.

The Instrument Table: The instrument table should be covered with a sterile rubber cover and over this a sterile sheet, and upon this are arranged only the instruments which are required for the operation. At the end of each operation everything is removed from this table.

Sterilization.—The gauze dressings, gauze sponges, towels, sheets, gowns, etc., are sterilized in the autoclave by live steam, followed by dry heat. Each operation is to have its own separate drum. One drum may be used solely for gowns of nurses and doctors, and this may remain in its position on its stand throughout the series of operations.

The instruments (which include everything except the knives) are sterilized by boiling for ten minutes.

The knives and tenotomes are covered with a 3 per cent. solution of formalin for 20 minutes. This is poured back into the stock bottle and the knives are covered with alcohol until used. The tray which is used is sterilized in the utensil sterilizer.

The Rubber Gloves.—These are washed with soap and water to remove all stains, turned inside out and washed again. They are then filled with water and put into a vessel of boiling water with a wire frame on top of them, so that they cannot float up on top of the water. They are boiled 5 minutes by the watch. When the water has cooled, the nurse, wearing sterile rubber gloves, removes the gloves from the water and dries them with a sterile towel, of course turning them inside out in doing this. The glove is dusted inside and out with sterile powder and folded in a piece of sterile muslin and made into a packet. These are then placed in a large glass jar having a glass cover, and put away until they are needed for operation. They are then put into the autoclave and sterilized with the surgical dressings during their final sterilization. The gloves need not be left in the autoclave longer than 20 minutes.

The glass tubes of catgut may be sterilized with the instruments and then placed in carbolic or formalin solution.

Drainage tubes should be boiled 10 minutes and then placed in the formalin or carbolic solution.

Silk, if it is to be left buried in the tissues, should be boiled for 10 minutes in a 1/1000 bichloride solution, and then for 10 minutes in water.

INSTRUMENTS REQUIRED

For every operation have ready the following:

- 2 pairs of retractors
- 2 scalpels
- 2 tenotomes—1 sharp-pointed and 1 blunt
- 12 haemostats
- 4 curved haemostats
- 4 tenaculum forceps
- 4 Allis forceps
- 2 dissecting forceps
- 2 rat-tooth
- 2 pairs scissors, blunt ends — 1 pair curved and 1 pair straight

1 Allis dry dissector
1 grooved director
1 small probe
1 periosteal elevator
1 needle-holder
needles
1 ligature carrier

Additional instruments are required for certain operations as follows:

Tendon transplantation:
1 long, very slender pair of forceps
1 long probe with eye
1 drill handle and 3 drills
1 very narrow osteotome

Arthrodesis and transverse horizontal section:
All the preceding instruments and also
1 medium gouge
1 small gouge
1 medium chisel
1 small chisel

Bone grafting:
1 Hey's saw
1 osteotome—medium
1 osteotome—small
1 chisel
1 mallet or hammer
1 bone-cutting forceps

Osteotomy:
1 osteotome—large
1 osteotome—small
1 osteotome—medium
1 hammer or mallet
1 König block
1 sand pillow

Arthroplasty:
2 saws
2 chisels
2 gouges
1 curette
1 bone-cutting forceps
1 hammer or mallet
1 drill
8 extra haemostats

Erasion of a joint:
Same as Arthroplasty and
1 lion-jaw forceps
1 sequestrum forceps

Talcum powder cannot be sterilized if it is in bulk; that is, in the dusting can. The talcum powder should be spread on a gauze sponge in a very thin layer and then placed on top of the rubber gloves just before they are enclosed in the muslin covering.

—*Annals of Surgery.*

Funeral of Edith Cavell

Never has any Englishwoman, except Queen Victoria, had a more moving or a grander progress to her last resting-place than had the remains of Edith Cavell.

In Brussels the coffin was conveyed on a gun-carriage from the Tir National to the station, followed by Mrs. Wainwright (sister) and her husband and Miss Florence Cavell, the Belgian Minister of War, the British, American and Spanish Ministers, many civil dignitaries, and the nurses of the Cavell School. The street lamps were covered with crepe, and the station draped in black.

The central hall had been transformed into a mortuary chapel, having in the centre a tall catafalque surrounded by candles and covered with a Union Jack draped with a cloth of silver and black, on which the initial "C" was embroidered in silver. Palms stood around the catafalque, and on a black and white carpet were chairs for the family

and the King's representatives. Troops and members of the women's army corps stood around, and at the service were present representatives of the diplomatic, political, and social life of the town. Part of the burial service was read by the Rev. H. Gahan, the British chaplain who saw her in the prison cell on her last night on earth.

The coffin was then conveyed by train to Ostend and placed on the flagship H.M.S. Rowena. At Dover all the ships of war lowered their flags to half-mast as the coffin was placed in the lighter and brought to land. Major-General Sir Colin Mackenzie and Rear-Admiral Dampier were with the party to receive it. Through a huge silent crowd the bier was wheeled, accompanied by sixteen pallbearers, four officers each from the W.R.A.F., the W.R.N.S., and the Q.M.A.A.C., and four Army sisters, and followed by private coaches, representatives of women's organizations, Army and Navy staffs, and fifty-six seamen. Through the night the railway coach in which the coffin was placed was watched by a military guard, and in the morning it made the journey to London, and hundreds of children at Kentish stations and on meadows saluted and waved, and laborers lifted their hats. Crowds waited outside Victoria Station. There were only two women on the platform, Mrs. Lennox Beattie, Commandant of the Edinburgh V.A.D., and Miss Mary Clark, of the London Hospital private staff, who nursed Mrs. Cavell in her last illness. Inside, the scene was very quiet and simple; as the train steamed in a detachment of Guards presented and then reversed arms; from the train stepped Miss Cavell's two sisters, her brother-in-law, Dr. Wainwright, and behind the three relatives were two young Belgian nurses, Mdlle. Lacomblez and Mdlle. Mathuys, who wore the uniform of sisters of the institute founded in Brussels by Miss Cavell. Also of the party were Dr. Heger, president of the University of Brussels, and M. Gaston de Leval, formerly of the American Legation in Brussels, who was a staunch friend; they were received by members of the funeral committee. To the strain of muffled drums and Chopin's Funeral March the little procession left the station, proceeding very slowly along Victoria Street to Westminster Abbey, which was filled with nursing sisters, British and overseas, in varied uniforms.

The procession was formed, and slowly came up the nave. The coffin, raised high on the shoulders of the soldiers, was covered with a Union Jack and a mass of white and red flowers. A Guards officer marched behind with his sword reversed; then followed a small group of relatives.

The choristers walked in front, singing the opening sentences of the Burial Service. The congregation, intensely moved, stood with bowed heads.

The service was a beautiful one. After the opening sentences of the Burial Service, sung to Dr. Croft's music, there followed the 23rd Psalm, "The Lord is my shepherd." The lesson was from the 21st chapter of the Revelation, with its special message for the day: "And I saw a new heaven and a new earth: for the first heaven and the first

earth were passed away; and there was no more sea." Then the words of the anthem to Sullivan's music: "Yea, though I walk through the valley of the shadow of death."

After the hymn, "Abide with me," and blessing, the band played the "Dead March in Saul," and then the "Last Post" was sounded and rolled through the church. Then the "Reveille," and the procession formed up and moved slowly back to the great door, while Chopin's Funeral March was played.

The Earl of Athlone represented the King and Queen, and Queen Alexandra (who sent a wreath of red and white carnations, with an autograph card) and Princess Victoria were present. Many well-known matrons of the nursing world were in the Abbey also, in addition to representatives of the Navy, Army, the political and medical worlds, and the embassies.

Through dense crowds on the Embankment and in the city the funeral procession went its way to Liverpool Street Station, and thence to Norwich, the final scene, where Army and hospital nurses and V. A. D. members followed to the Cathedral. There the choristers sang "Now the laborer's task is o'er." Six women were chosen from all the nursing services to stand round the bier, placed at the top of the choir steps and flanked by tall candles.

Then came six sergeant-majors bearing the coffin. One of these men was a sergeant-major who knew Nurse Cavell in Brussels, and whom she helped to escape from the Germans. The pallbearers were six ladies representing important nursing interests, and headed by the matron of the Norfolk and Norwich Hospital. Miss Cavell's sisters and Belgian and English friends followed the coffin.

One of the prayers at the Burial Service was for the soul of "this our dear sister, who freely risked and in the end gave her life for the sake of those whom she helped and rescued." Then came the last stage to the graveside.

Round about "Life's Green" there was a wall of nurses in blue, and the wreaths they carried gave the effect of a frieze. In the corner by the grave were crowded officers, sailors, and dignataries of Norfolk. Here the prayers of committal were said and the coffin lowered into a grave lined with fresh moss.

The Bishop spoke a few words. "This plot of ground is called 'Life's Green.' We will think of her while her body rests in its keeping as herself alive with God." "Abide with me, fast falls the eventide," the hymn she repeated shortly before her heroic death, was sung. Buglers sounded "The Last Post," and the body of Edith Cavell rested in the earth of the country for which she gave her life.—*The Nursing Times.*

Hints for Travelling With A Patient

By Dora Dean, R.N.

Children.—A small infant can best be cared for in the little willow baskets called Kiddie-Koops. They are shaped like a scoop, light, upholstered with thin sateen, and hooded to keep out light draughts and dust.

A small enamel chamber for the well-trained child can be carried in a little grip or light club bag kept specially to carry it to and from the dressing-room. Herein consists the advantage of training babies to use the chamber.

A Baby Bunting sleeping bag is necessary in cool weather, on account of avoiding train draughts around the neck and ears.

Oranges cut up in dice in a small mason jar can be eaten cleanly in a train, with a fork, and the sticky discomfort and untidiness of the usual way avoided.

Games, puzzles and pictures small in size can easily be obtained and furnish a cure for the restlessness springing from confinement.

Rest hours are absolutely necessary—the enforced solitude at regular periods which forms a part of a well-organized home schedule must be followed out on the train or boat.

Babies' feedings are now prepared by the big dairies in small ice-packs, shaped like a pail, so that they can easily be carried by a porter.

A collapsible footstool, which can fold up and be carried like a lawyer's brief bag, is very necessary for young children. Dangling legs cause great fatigue and eye strain.

Adults.—Many of these hints apply to grown-ups also; for instance, the footstool for a short person, who is otherwise in agony all the time.

A black silk kimono with a thin hood is valuable for night wear to keep the hair free from dust. The front patch pockets can hold all the toilet articles on the trip to the dressing-room.

A pretty bag for corsets is a necessity also, and even in one's bedroom at home. After they are aired, corsets should not be seen lying around.

For a woman patient who has to urinate very frequently, a most unique device is a funnel set in a hot-water bag, kept in a small grip, with some old thin cloths. The patient can, in a crouching attitude, urinate safely in the funnel; wipe it dry and screw the cap into the bag, putting all back into her grip. In the morning the accumulated urine is unobtrusively emptied, like any hot-water bag, and cleaned thoroughly with soda bicarbonate.

A collapsible sport hat, cap, or very thin silk toque, is the best head-gear for the day. A woman looks better hatted; but she should

not feel the weight or compression of a regular street hat continuously, but rather imitate the methods of men in securing comfort.

Cold cream only should be used to remove dirt from the skin. This avoids burning, and is perfectly satisfactory as far as appearance and comfort go.—*The Trained Nurse.*

The Convention of the Canadian National Association of Trained Nurses

This convention formally opened in joint meeting with the Canadian Association of Nurse Education at the Hotel Vancouver, Vancouver, B.C., June 30th. Addresses of welcome were given—after the invocation by the Right Rev. A. U. de Pencier, Bishop of New Westminster—by His Worship Mayor Gale, of Vancouver; Dr. Leonard Klinck, President of the University of British Columbia; Dr. E. V. Casselman, President Vancouver Medical Association, and Miss Helen Randal, Registrar, Graduate Nurses' Association of British Columbia. It was much regretted that the Chancellor of the University, Dr. R. E. McKechnie, was unable to be present. The reply to these addresses was given by Miss Jean Browne, of Regina. A most interesting paper, giving the work done by the Canadian nurses and voluntary aids during the war, was read by Miss Gunn.

The matter of university support for training schools and post-graduate work was taken up under the heading, "How Canadian Universities Are Co-operating with the Education of Nurses"; while reports from McGill University, University of Toronto, University of Alberta and the University of British Columbia were given by representatives from these provinces, showing how widespread is the interest taken by these universities to supplement the present education given in the training school.

A most interesting paper was sent by Dr. A. T. Mathers, of Winnipeg, on "Psychiatry and Mental Social Service," which was read by Mrs. M. E. Johnstone.

The regular business meeting opened July 2nd in the Hotel Vancouver, where all meetings of the Association were held. The President gave an extensive address covering the ground of the work for the ensuing year, as well as what had been accomplished during the past one. The Secretary, Miss Johns, was unfortunately unable to be present; but Miss Gray, of Winnipeg, did admirably in her place. Her report was most interesting, and showed the need for assistance if the work of the National Secretary was to be done properly. It was promptly decided by the meeting that Miss Johns be given authority to have whatever help she requires at any time. The standing committees gave their report after the excellent showing made by the Treasurer's statement. Reports of the affiliated organizations were then given,

showing much enthusiasm by their efforts in various directions in local work. Public Health Nursing held the afternoon's first place. Papers on "School Hygiene," by Miss Jean Browne; report of Public Health Committee by its convener, Miss Delaney, Montreal; report of representative to Conference on Venereal Diseases, held recently in Ottawa, by Miss Ella Grant, Toronto, and a full discussion on papers (five minutes) on "How May Child Welfare be Advanced in Small Towns and Rural Communities," which was led by representatives from all provinces present.

At the evening session, a joint one with the C.A.N.E., the report showed an immense amount of work done in the compilation of the report of the special joint committee from both organizations on the possible organization of the eight-hour day for pupil nurses. This was well discussed; and the feeling of the meeting was that this matter can be no longer delayed, and that it could be done in most hospitals by varying arrangements of time on duty suitable to each institution, which could work out the best arrangement for its individual needs. The event of the evening was the address of Miss Isabel M. Stewart, Professor, Department of Nursing and Health, Columbia University, New York, who gave a very full paper on the advantage of the shorter hours, and told her hearers that, by applying to the Teachers' College, Columbia University, in her care, those wishing to get practical plans for this arrangement might buy a small pamphlet on this point. Some discussion, all favorable to the plan, was held, and the meeting adjourned at a late hour.

The morning session started at 9.30 o'clock, with a summary of the minutes of the preceding day. The entire morning was given up to the discussion of the reports of the Executive Committee re progress of a plan for a National Nursing Service, with the report of the special committee appointed with representatives from all provinces on the same matter. This, with Miss Gray's paper, "Does Canada Need Nursing Service from Other Countries to Meet Her Needs?" brought the National point of view more directly to the attention of the nurses, and brought out much earnest discussion on various points.

As the afternoon session had to be cut short owing to the trip planned for the Capilano Canyon, reports of special committees were taken up: Committee on Finance, Miss Rowan, Toronto, convener; Registration, Mrs. Paffard, Toronto; War Committee, Miss Locke, Toronto; Memorial to Edith Cavell and Canadian Nurses, Miss McElroy, Ottawa, and the Trained Attendant, Miss Gray, Winnipeg.

On Friday morning the reports of some of the affiliated associations were read, with the minutes of the preceding day, followed by the report of the Editor of the *Canadian Nurse Magazine,* which for the first time showed a really encouraging balance in the bank, with all bills paid. It was stated by the Editor that more regular assistance in the office was advisable, and the Association approved of the suggestion,

and the Editor was authorized to get a competent stenographer for full time. It was also suggested that as there was need of a clearing house for people desiring applicants with exceptional abilities or experience, and a corresponding need for such nurses to find the right position, it was recommended that the columns of the magazine be used by these two parties as a means of getting into touch with each other. It was also decided to print the minutes of the meeting in a year book, that each association affiliated, as well as individual members, might have a record of the convention proceedings, including resolutions. It was decided to print a full list of principal officers of these associations in it as well. The roll-call of delegates was held, and the election of officers was the next item on the programme. Miss Gunn, being the only nominee for President, was declared unanimously elected. The other officers were as follows:

President—Miss Jean Gunn, Toronto General Hospital.

First Vice-President—Miss E. MacP. Dickson, Weston, Ont.

Second Vice-President—Miss Mabel Gray, R.N., Winnipeg.

Secretary—Miss E. I. Johns, R.N., Winnipeg, Man., care of Children's Hospital.

Treasurer—Miss Katherine Davidson, 131 Crescent Street, Montreal, Que.

Councillors—British Columbia: Miss Jessie MacKenzie, R.N., Miss Helen Randal, R.N.; Alberta: Miss Winslow, R.N., Mrs. Manson, R.N.; Saskatchewan: Miss Jean Browne, R.N., Miss Granger Campbell, R.N.; Manitoba: Miss Gilroy, R.N., Miss C. Macleod, R.N.; Ontario: Miss Potts, Miss Fairley; Quebec: Miss Strumm, Miss Hersey; New Brunswick: Miss Richards, R.N., Miss Dunlop, R.N.; Nova Scotia: Miss Pickels, Mrs. Bligh; Prince Edward Island, ——

The meeting opened Friday afternoon with an address on "Training Public Health Nurses in United States," followed by a short discussion, when there was an adjournment for the trip to Wigwam Inn, up the North Arm of Burrard Inlet, given by the Vancouver Medical Association.

The morning session of July 5th opened with a summary of the proceedings of the previous day, and then discussion of business arising from the Secretary's report. It was resolved that such assistance as Miss Johns requires should be given her at any time. A resolution from the Great War Veterans' Association, then in convention, was presented, giving the work of the Canadian nurses overseas the appreciation in words of our returned men. The matter of the eight-hour day for graduate nurses on special duty in hospitals was then discussed, and the Association went on record as disapproving of that plan, but also that the Association felt strongly that no nurse should be allowed on duty more than twelve hours on special duty in hospitals. Business in connection with the recommendation for discussion on *Canadian Nurse Magazine* policy was then taken up, and it was settled that the

policy remain as heretofore, the whole executive acting to assist the Editor in every way and in the capacity of an editorial board.

The place of meeting for the 1920 meeting was then voted on, the Thunder Bay Association, with headquarters in Fort William and Port Arthur, being the fortunate one, Hamilton and Edmonton having also invited the associations.

The matter of proxies was then discussed and voted upon, when it was settled that proxies can vote for associations to which they do not belong as heretofore. The afternoon session closed the convention with the report of the Remaining Alumnæ Associations which had not been read before, the report of the Resolutions Committee, and the round table of the Public Health Nurses. At the close of this round table it was decided, on application from Miss Dyke, that a section for Public Health Nurses be formed in the C.N.A.T.N., which was unanimously adopted. The meeting then adjourned.

ENTERTAINMENTS

Monday—Luncheon given by Vancouver Graduate Nurses' Association, Vancouver Hotel.

Wednesday—Luncheon given by Victoria and New Westminster G.N.A.

Thursday—Luncheon given by Rotary Club, Vancouver Hotel, 12.15, followed by trip to Rotary Chest Diseases Clinic. Trip to Capilano; dinner and dance, Capilano Hotel, given by the Vancouver General Hospital, 4.30 p.m.

Friday—Luncheon given by City in Stanley Park, followed by drive around Park. Trip up North Arm, with dinner at Wigwam Inn, Vancouver Medical Association.

Saturday Evening—Reception to visitors and formal opening of Club House for Returned Army Sisters.

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Annual Report of Manitoba Association of Graduate Nurses

The officers of the Manitoba Association of Graduate Nurses:

President—Miss Elizabeth Carruthers.

First Vice-President—Miss A. E. Gilroy.

Second Vice-President—

Third Vice-President—

Corresponding Secretary—Miss Louise Spratt, Bureau of Child Hygiene, Winnipeg, Man.

Recording Secretary—Miss M. F. Gray, suite 8, Eleanora Apartments, McDermott Street, Winnipeg, Man.

Treasurer—Miss Florence Robertson, 123 Langside Street, Winnipeg, Man.

PRESIDENT'S ADDRESS

Ladies:

The year 1918 was peculiarly adverse for membership growth or new association work of any kind. The earlier months were filled with menacing war news. The influenza epidemic in the fall months again dampened the hope of lifting the membership strength to the goal of expectation. However, now that war is over and nurses returning from overseas, we hope for a distinct increase in membership; and I would like to suggest that the Association recommend to the governing boards of the various hospitals in the province that it be made compulsory for every pupil nurse to write on the registration examination in her final year. The meetings of the Association were fairly well attended, but for the months of October and November the ban was on all meetings and materially interfered with the welfare of the Association. This year we have been affiliated with the Social Service Council, and, we trust, will derive mutual benefit.

Your Association was represented at the last annual convention of the Canadian National Association of Trained Nurses which was held in Toronto, and, as has been noted in the conferences of previous years, the effect of these annual gatherings, with their stimulating personal contact and the threshing out of progressive ideas, is having a pronounced effect upon those seriously concerned in the nursing profession.

We have had several very interesting speakers address us at different times during the year. Miss Coltart, who is on furlough from India after seven years' absence, was made very welcome. She was one of the strong supporters of the Association in its younger struggling days before it became a registered body.

The February meeting, which was held in the Nurses' Home of the Children's Hospital, proved to be one of the most enjoyable evenings. At this meeting Miss Cotter, who was one of the charter members of the Association and one of its most faithful and energetic work-

ers, was tendered a presentation and reception. Miss Cotter left Winnipeg to accept the position of lady superintendent of Dauphin Hospital. At the same meeting we had a very pleasant talk from Miss Campbell, who also read a letter of appreciation from our native nurse in India. It was agreed to contribute to her support for another year.

A valued member of our Association removed to Montreal in the person of Sister Wagner, formerly superintendent of St. Boniface Hospital. Sister Wagner was ever ready to advise or assist in any capacity.

We are naturally proud of the number of nurses who enlisted from our Association for overseas, and of their record in the Great War. Now that the actual fighting has ceased, we can think of their service as an almost completed task; but for some of them the discharge from service was by sacrifice even unto death. To such belong the high privilege of being on our country's Honor Roll alongside the brave lads who gave their lives in Freedom's cause.

In conclusion, I would like to thank the Residence Committee for the use of the rooms so kindly arranged for the meetings; also the management of the Industrial Bureau, where several board meetings were held. I am also very grateful to the members of the Association for their valuable assistance during my term of office.

Trusting the Association will continue to prosper.

ISABEL GAULD, R.N.,
President.

SECRETARY'S REPORT

Madame President and Members of the Manitoba Association of Trained Nurses:

I have the honor to submit herewith the Recording Secretary's report for the year 1918-1919.

The regular monthly meetings of the Association were held throughout the year, with the exception of the months of October and November. Owing to the ban on public meetings the Association did not convene during those months.

During the year thirteen board meetings were held. The average attendance at the meetings throughout the year has not been as large as one would expect—twenty-one being the largest number and eleven the smallest, with an average attendance of eleven.

During the year the names of forty-eight nurses have been recommended by the Registrar of the University for registration and accepted by the board of managers. Of this number only fourteen have as yet paid their registration fees and received their registration certificates. Thirty-one certificates in all have been issued during the year. Three nurses registered in other provinces or states have applied for registration without examination. These applications will be submitted to the University Board. Only six new members have joined the Association during the year. These numbers, Madame President, are not encour-

aging. With six years of registration, I feel that we have not yet made the body of nurses and the general public feel the significance of the title, "Registered Nurse."

In September last a Committee on Legislation was appointed to draft needed amendments to the Nurses' Registration Act; and it was decided that the nurses of the provinces should be asked to meet in convention in Winnipeg, at a suitable date to be arranged by the board. This convention was postponed on account of the influenza epidemic. The Committee on Legislation also delayed its meetings until the report of the Public Welfare Commission on hospitals and nursing should be made public.

Surely, Madame President, during the summer or early fall, with the return of our delegates from the Canadian National Association of Trained Nurses meeting in Vancouver, while they are still fired with enthusiasm and enlightened by the views of the nurses from East to West, we shall then have such a convention as will lend encouragement to our members scattered here and there throughout the province, and give a great uplift to nursing standards in Manitoba.

There are two problems which must be met by the nurses of this province and by the nurses of Canada—that is, the question of the eight-hour day for pupil nurses and also the regulation of the duty hours for graduate nurses; and the second, the problem of the provision for adequate nursing care for the people of moderate means.

The first question is largely a measure for hospitals and training schools; but the introduction into the Provincial Legislature by the Labor member for Centre Winnipeg of an amendment to the Minimum Wage Act, framed to read that it should include the pupil nurses in training schools, made it necessary for the Manitoba Association of Graduate Nurses, with the other Graduate Nurses' Associations of the province, to appear before the Law Amendments Committee, protesting against the proposed legislation. While the Graduate Nurses' Associations frankly and freely admitted that there are wrongs to be righted and many conditions to be improved, yet the principle is not one of dollars and cents for service rendered; it is purely an educational problem; this amendment as applying to student nurses was withdrawn. The problem must, however, be met and dealt with, and without delay.

Never more clearly than during the influenza epidemic was the shortage of graduate nurses and the lack of co-operation and organization felt. While the work of the individual nurse cannot be too highly praised, the nurses did not solve the problem of caring for the multitude of the sick—they were not cared for. Shall we train more nurses, or shall be train and register attendants? These questions have been brought up at different meetings, but have not been thoroughly discussed.

You have appointed a Committee of Legislation of eight members. At our monthly meetings not more than twenty-one members have met

together. Surely, Madame President, with such important questions to be settled, we may count upon the active co-operation of at least our eighty odd members, and may hope for an increased membership of three or four hundred.

FINANCIAL STATEMENT

THE MANITOBA ASSOCIATION OF GRADUATE NURSES, INCORPORATED

March 1st, 1918, to February 28th, 1919

REVENUE ACCOUNT

Revenue—			
25 Registration Fees @ $10.00	$ 250.00		
54 Membership Fees @ $1.00	54.00		
25 Pins sold @ 55c	13.75		
		$ 317.75	
Savings Bank Interest		57.88	
			$ 375.63
Expenses—			
Postage and General Expenses	$ 14.61		
Printing Stationery and Engrossing Diplomas	64.50		
Audit Fee	15.00		
Social Teas	3.02		
National Association Fee	10.00		
Women's Council Fee	3.00		
		$ 110.13	
Cost of 25 Pins sold		13.75	
Donations—			
National Association, for Magazines	$ 100.25		
Flowers for Sick Members	10.35		
Native Nurse, India	50.00		
Memorial Fund	25.00		
Red Cross	85.00		
Prisoners of War Fund	35.00		
		305.60	
			439.48
Loss for the year			$ 63.85

CASH ACCOUNT

Receipts—		
March 1, 1918:		
Cash on Hand	$ 6.10	
Cash in Current Bank Account	90.84	
Cash in Savings Bank Account	1,250.93	
		$1,347.87
February 28, 1919:		
Registration Fees received to date	$ 250.00	
Membership Fees received to date	63.00	
Sale of Pins received to date	13.75	
Sundry Receipts	.85	
Savings Account Interest	57.88	
		385.48
		$1,733.35

Disbursements—			
Reynolds, Limited, Printing	$ 58.75		
Local Council of Women—Fee, 1917-18	2.00		
Local Council of Women—Fee, 1918-19	3.00		
F. C. Gilbert, Audit	15.00		
W. T. Copeland, Memorial Fund	25.00		
Native Nurse in India (two years)	100.00		
A. L. Pelland, Red Cross	85.00		
A. L. Pelland, Prisoner of War	35.00		
National Association, Fee	10.00		
National Association, Copies of T. N.	100.25		
F. Appleby, Embossing Diplomas	5.75		
Postage and General Expense	14.61		
Social Teas	3.02		
Flowers for Sick Members	10.35		
		$ 467.73	
Cash on Hand	$ 3.65		
Cash in Bank, Current	$ 146.12		
Less Outstanding Cheques	66.61		
	$ 79.51		
Cash in Bank, Savings	1,182.46		
		1,265.62	
			$1,733.35

BALANCE SHEET

February 28th, 1919

Assets—			
Cash on Hand and in Bank		$1,265.62	
Investment, "Canadian Nurse"		200.00	
Pins on Hand, 12		6.60	
Subscription, Native Nurse in India (in advance)		50.00	
			$1,522.22
Liabilities—			
Nine Membership Fees paid in advance		$ 9.00	
			9.00
Surplus			$1,513.22

Respectfully submitted,

F. ROBERTSON.

Nathan Littauer Hospital School of Nursing

NATHAN LITTAUER HOSPITAL SCHOOL OF NURSING (Registered) offers a complete general course of three years, with last six months given for specializing in any branch of the work chosen by the student.

Educational requirements, one year of High School or its equivalent. Classes from April and September.

For particulars, address Superintendent, Gloversville, N.Y.

Editorial

The Conventions of the C.A.N.E. and the C.N.A.T.N. for 1919 have been very well attended. The matters taken up were of vital importance to the profession, and showed an earnest desire on the part of those present to show that they were alive to the problems of reconstruction which apply to the nursing profession as to everything else in this first period of peace after the strain of our single effort—that of winning the war.

It was thought best by the executive of the C.N.A.T.N. to publish the proceedings of the convention in book form, that all associations and private members might have the resolutions and discussions before them, to consult whenever necessary. The C.A.N.E. will have, as in the past years, its convention report taken from the minutes of the meetings and printed in this magazine. The papers from both organizations will be in the *Canadian Nurse* from time to time in the next few months.

The weather was ideal, and Vancouver—city of roses—was at her loveliest, and the nurses were delightfully entertained by many friends of the profession. The luncheons were given by the G.N.A. of Vancouver, Victoria and New Westminster, the City (on the porch of the Pavilion in Stanley Park, followed by a drive around the park), and the Rotary Club, who listened with pleasure to addresses by Miss Isabel Stewart, of Columbia University, New York; Miss Gunn and Miss Flaws. Trips were given by the Vancouver General Hospital to Capilano Canyon, followed by a dinner at the Canyon View Hotel; and by the Vancouver Medical Association up the North Arm of Burrard Inlet to Wigwam Inn, where dinner was served. Many small teas and luncheons were given to groups of nurses by their friends in Vancouver, and it was the general opinion that a most profitable and enjoyable week had been spent.

Letters to The Editor

Pithapuram, Godavari District, India,
April 10th, 1919.

Dear Friends:

While I was in Canada I enjoyed so much reading letters in the *Canadian Nurse*, from those in active service, that I decided to write some of my impressions of India.

I was here for a year and a-half nearly before the war was declared, and then went home to Canada and took my training. So you see I wasn't altogether a greenhorn when we arrived in Madras about three months ago, after a trip of almost three months. Three months' travelling may sound good to some of you, but we were very thankful to set foot on dry land and feel that we were not having to start out on the water again. We were on three different steamers; and each one has its own peculiarities, which I need not take time to mention here.

I am studying the language, and shall be for a year; and then, in my second year, I will be allowed part of the time to do hospital work.

We have a nice hospital here for women and children which will accommodate at least fifty patients. If more than fifty should come and choose to stay and sleep on a mat on the floor of the verandah, we let them stay, for even that is near the source of supplies. The hospital buildings are built of stone, and are very attractive-looking buildings. The floors are also stone, and the roof is flat. On Wednesday evenings we have the prayer-meeting for the Christians on the roof, and any of the patients who may care to do so are welcome.

There is also a separate building for a men's hospital; but, as the need is more for women's work in this country, the men have to take a second place. There is a Canadian doctor in charge, however; and he has plenty to do besides hospital work, if it is a little slack at times.

Even though I am studying the language, I manage to get down to the hospital for operations or maternity cases quite frequently. Just a few days ago, about 10 p.m., the night nurse came to the house to say that a maternity case had come in and she was in labor. After about half an hour the doctor (who is my sister, by the way) and the head nurse went down. They didn't hurry, for no one ever hurries in India, and a little later I followed. It was a dry labor and rather long, but was over in an hour or so. During the case I noticed an old woman, evidently the mother of the woman in labor, come in and put some bundle in a corner. Then she brought a child of about two years in her birthday suit, as they say here when they have no clothes on. Another little girl followed the old lady in, and I was waiting for the doctor or head nurse to see them. Then the old lady came in once more with a mat and some more bundles of dirty rags; and then I smiled to myself, which put the finish to that old lady, for the nurse saw me. She asked the old woman what she was bringing all her dirty clothes and bags in there for, and the old lady was quite surprised and said: "Why, isn't my daughter in here, and didn't I come to stay with her, and aren't these her children, and why shouldn't I stay in this room? It's nice and big." I thought that was rather good reasoning; but the head nurse said, "Take your bags out of here." So the old lady picked up her cargo and remained in the hallway.

We had a Placenta Praevia not long ago and the doctor was away The patient was a Mohammedan, and her people would not agree to

our calling the man doctor. They said they would take her home to die first, but begged that the head nurse would deliver the child. She had been having hemorrhage for several days and was very weak, and her pulse was almost imperceptible. However, we delivered her, and she was still alive when we moved her back to her ward, but her chances were very slim. We gave her saline interstitially and a hypo. of Ergot, but she was having bad hemorrhage and the uterus was soft and didn't contract at all. So, in spite of all we could do, she died. And before we left the room the relatives swarmed into that small room and wailed and moaned; and when I heard the uproar I couldn't believe so few people (and yet there were a good many, too) could make such a noise. I had to put my hands over my ears and leave the room. How different it is to witness a death in this Eastern land, where they will not be comforted. How like the Bible times, where they tell us Rachel was weeping for her children and would not be comforted.

We had a woman with a liver abscess, which was very interesting to me. The doctor explored with a needle and syringe first and found black blood, with a horrible odor, so made an incision and drained. The woman did very well and is now much better.

I could tell you of more cases which have been very interesting to me, but I must not take room.

I have been wondering why India shouldn't receive some of the attention which has been given to France during the war. The Canadian Government is releasing many of her nurses, I believe. Are there not some who realize how valuable a thing a life of service is, and who will put aside the pleasures of the life in the homeland for the sake of a suffering people? If you could only know what a satisfaction there is to see a patient healed bodily, as well as helped along the way of life! "The harvest truly is great, and the laborers are too few." We who are in India shall pray that the call shall be answered by some of our Canadian nurses.

Yours very sincerely,

LAURA C. ALLYN

Victorian Order of Nurses

A Post Graduate Course of four months in District and Public Health Nursing for graduate nurses is given at the training centres of the Order, namely: Ottawa, Montreal, Halifax, Toronto and Vancouver.

Salaries during the course and good openings after successful termination.

For full information, apply to the Chief Superintendent, Room 4, Holbrook Chambers, 104 Sparks Street, Ottawa, Ont.

The Canadian Nurses' Association and Register for Graduate Nurses, Montreal

President—Miss Phillips, 750 St. Urbain Street.
First Vice-President—Miss Fairley, Alexandra Hospital, Montreal.
Second Vice-President—Miss Dunlop, 209 Stanley Street.
Secretary-Treasurer—Miss S. Wilson, 638-a Dorchester St., West.
Registrar—Mrs. Burch, 175 Mansfield Street.
Reading Room—The Club Room, 638a Dorchester Street West.

MONTREAL

The monthly meetings of the Association have been discontinued for the summer months. The executive committee meets as usual.

A memorial service for the Canadian nurses who lost their lives during the years of the war was held on Sunday evening, June 8th, in the Church of St. James the Apostle. Major the Rev. Canon Shatford, who was associated with many of the nurses in their work overseas, was the preacher. A large number of nurses were present.

The sympathy of the Association is extended to Miss Georgie Wilson, on the death of her brother, and to Miss Belknap, on the death of her mother.

Miss Agnes Bullock has gone to Lyn, Ont., for the summer months.

"Now, the beauty of the thing when childher plays is
The terrible wonderful length the days is.
Up you jumps, and out in the sun,
And you fancy the day will never be done;
And you're chasin' the bumbees hummin' so cross
In the hot, sweet air among the goss,
Or gath'rin' bluebells, or lookin' for eggs,
Or peltin' the ducks with their yalla legs,
Or a-climbin' and nearly breakin' your skulls,
Or a-shoutin' for divilment after the gulls,
Or a-thinkin' of nothin' but down at the tide,
Singin' out for the happy you feel inside.
And when you look back it's all like a puff,
Happy and over and short enough."

News from The Medical World

By Elizabeth Robinson Scovil

High Child-Birth Mortality

A writer in the *Lancet* is of the opinion that adequate hospital accommodation is indispensable in view of the high maternal mortality in child-birth. He says that labor is a surgical operation and should be conducted with the same safeguards. Large lying-in hospitals should be maintained out of public funds, and the present system of externes being sent to deliver women be abolished. It perpetuates all the worst features of midwifery: inadequate care, dirty surroundings, wretched light and untrained assistance. Besides safety to mother and child, these hospitals would be invaluable as training ground for obstetricians. Obstetrics is a branch of surgery too much neglected in the training of the ordinary medical student.

Prohibition of Advertising

A bill has been introduced into the United States Senate to prohibit the sending through the postoffice of advertisements relating to the treatment, or cure, of venereal diseases. Scientific treatises and the publications of the Public Health Service are exempted from this provision. Violation of the Act is to be punished by a fine of $5,000.00, or five years' imprisonment, or both.

Endowment of Motherhood

The Family Endowment Committee in England proposes that the State provide a regular weekly income for families with children under fifteen years of age. This is meant to induce earlier marriages and remove the economic restrictions on the birth-rate. It will cost the Government about a billion dollars a year.

Help for Nursing Mothers

The claims of mothers seem at last to be coming to the front, and motherhood will soon be a popular profession. The French have founded a society in aid of nursing mothers, under the presidency of Dr. Mourier, Under Secretary of State for the Military Health Service.

Stamping Out Leprosy

We are not accustomed to think of South America as especially progressive, yet the chief of the Rockefeller Foundation is co-operating with the Secretary of the Interior for Brazil to see what steps can be taken to eradicate leprosy in that country. The foundation stone was

laid in April for a leprosarium, which will contain all the modern improvements — a theatre, cinema, library, playground, etc. Its cost is estimated at about $1,200,000.

Antitoxin in Diphtheria

A publication of the United States Health Service says that, depending on the way it is treated, diphtheria is one of the least dangerous, or one of the most dangerous, diseases. When promptly treated with antitoxin, it is one of the least fatal; when antitoxin is delayed, or not given, it is one of the most dangerous to life.

Insect Pests

A pair of flies, or mosquitoes, hatched in April, may give origin to millions by August. Every fly should be slain as early as possible, and the breeding places of mosquitoes treated to prevent their hatching.

Chickenpox and Smallpox

The *Journal of the American Medical Association* states that the hands and feet are rarely involved in chickenpox, and usually are more or less extensively so in smallpox. The character of the eruption is distinctive. In smallpox it is hard, like shot, indurated, sharply circumscribed, umbilicated; whereas, the opposite is true of the chickenpox lesion. It will help to remove any doubt as to the nature of the disease if there is an eruption on the palms of the hands, or the soles of the feet.

Long Resection of Intestine

In the *Annals of Surgery* some remarkable operations are described. In a case of ileocecal tuberculosis, causing partial obstruction of the small bowel, ten feet were removed of the small intestine, also the cecum and eight inches of the ascending colon, which was united to the transverse colon. The patient recovered.

Muscle Sign of Sciatica

A French medical journal says that a patient suffering from sciatica is unable to stand on tiptoe. The three groups of muscles involved are insufficient to enable him to maintain this position.

Malaria

The word malaria is compounded from two Italian words, *mal* and *aria*, meaning bad air. The record of malaria reaches back to Hippocrates, who lived 400 years before Christ. Hippocrates divided the disease into the "every-day chills" and "the-every-other-day chills."

Yesterday is dead—forget it. To-morrow has not come—don't worry. To-day is here—use it.—Anonymous.

Public Health Nursing Department

Conducted by the Committee on Public Health Nursing of the C. N. A. Under the Convener on Public Health Nursing

"It is not the guns or armament
or the money they can pay—
It's the close co-operation
That makes them win the day;
It is not the individual
Or the army as a whole,
But the everlastin' team work
Of every bloomin' soul."

KIPLING.

QUEBEC

A very successful Baby Welfare Exhibit was held in Montreal during the week of May 12th.

One of the most active agencies interested in the welfare of babies in Canada is the Baby Welfare Committee. Its purpose is to improve conditions surrounding child life in Canada.

Starting its activities in Montreal, the work of the committee has rapidly grown and has become national in its character, with connections extending throughout the Dominion.

During the last three years the Baby Welfare Committee, with the help of over fifty of the most representative social, educational and charitable institutions in Canada, has organized a Baby Welfare Exhibit in Montreal, the attendance to which has easily reached a total of 100,000 during those three years.

These exhibits have been a powerful factor in awakening public interest in the welfare of the infant population of Canada, and have been responsible in great measure for the progress accomplished in this direction during the last few months. It has been with the greatest satisfaction that the committee has seen the establishment at Ottawa of the Federal Health Department, a measure which it had advocated and towards the adoption of which it had been actively engaged for over two years. It is confidently expected that, under this authoritative leadership, a new impetus will be given to the work of Baby Welfare throughout Canada, and that in this way our war losses will be made up, at least in so far as it lays within our power to do so.

The committee hopes to see an ever-increasing number of Baby Welfare exhibits held in all the large cities of Canada. Apart from

their educational value, which is great, they serve to focus the attention of the people upon the vital necessity of conserving child life; and they help them to realize that the crop of babies is as well worth saving as the other crops, for which no government would think of begrudging money or attention.

The Travelling Clinic has been started for the season, in charge of a doctor and two nurses, going into the poorer sections of the city where there are, at present, no Baby Health Centres. On the first trip fifty babies were examined. Ninety per cent. of those were bottle-fed; and the majority were below par, both mentally and physically.

Through the means of the Travelling Clinic, the Baby Welfare Committee expects to get in touch with babies of mothers who find it impossible to go to the present Health Centres.

New Brunswick

Miss Gibbs, special representative of the Victorian Order of Nurses, addressed the graduates and pupil nurses at the General Public Hospital, recently, on "Public Health Nursing and Social Welfare."

Dr. Mabel Hannington's first report on Medical School Inspection, in St. John, shows the need of free dental clinics. This matter is being taken up by the Sub-District Board of Health, with a view to having such clinics established.

Hon. Dr. Roberts, Minister of Health, addressed the St. John Association for the Prevention of Tuberculosis at their monthly meeting, held at the St. John County Hospital, May 13th. Dr. Roberts spoke of his plans for the "prevention" and "cure" of tuberculosis in New Brunswick, namely, by dividing the province into four districts, and having a tuberculosis hospital established in each district.

FORTITUDE

By Maltbie D. Babcock

Be strong!
We are not here to play, to dream, to drift;
We have hard work to do, and loads to lift.
Shun not the struggle, face it—'tis God's gift.

Be strong!
Say not the days are evil—who's to blame?
And fold thy hands and acquiesce—Oh, shame!
Stand up, speak out, and bravely, in God's name!

Be strong!
It matters not how deep intrenched the wrong,
How hard the battle goes, the day how long;
Faint not, fight on! To-morrow comes the song.

The Diet Kitchen

By Elizabeth Robinson Scovil

Food Idiosyncrasies

There are some things which a nurse should remember when a patient complains that he cannot eat certain articles of food. She is apt to think that the invalid is fanciful, and could eat and digest what is prepared if he only thought that he could.

An authority on dietetics says: "Some persons are unable to digest milk, and are immediately nauseated or made bilious by it; while others cannot eat eggs, and yet can drink milk, while some cannot take either." Some can take the white of the egg, but not the yolk. Others, again, cannot eat fat in any form, or are unable to digest some one form, as hot mutton fat. Some persons have a headache if they eat too much meat. Shellfish of all kinds, especially lobster, disagree with many persons, and strawberries frequently cause disturbance. A physician was unable to eat chocolate in any form, because it always caused dimness of vision.

Food idosyncrasies are sometimes hereditary, and may affect several members of the same family. They are wholly independent of ordinary dyspeptic conditions, and may occur in those whose digestion is otherwise perfect.

When these conditions are present the good nurse, conscious that her business is to nourish, devises some substitute for the food that cannot be eaten with impunity.

Meat broths and cereal gruels are the substitutes for milk. Even a suspicion of grease on the surface of the former is sufficient to make them unappetizing. There is only one way to remove every particle of fat effectually. Let the broth get perfectly cold and take the hardened fat off the top. Sometimes it is desirable that the fat should be eaten; in this case, after it is removed from the broth, warm it in a cup and mix a small quantity of flour smoothly into it. Moisten it with a little of the hot broth, and, when every lump is stirred smooth, pour it into the broth again and let the whole boil for a few moments. All the cereal gruels can be made with water instead of milk, if necessary. They should be well cooked, seasoned with salt, and strained.

Never imagine that a patient is too ill to notice whether his food is properly prepared and served; he may only be too ill to trouble to complain about it. Never take any liberties with a patient's food which you would not take if he were fully conscious and watching you.

When the patient's tongue is thickly coated the appetite may be stimulated by scraping the surface of the tongue just before food is given. This uncovers the nerves of taste from the débris which coats them, and gives a certain zest to the process of eating. An old-fashioned scraper is made of a piece of whale-bone, about nine inches long, bent into a bow; and I once heard of a little hoe being made from a silver dollar.

Rinsing the mouth before introducing food is sometimes as necessary as cleansing it after a meal, or the giving of milk.

Every detail that has to do with feeding is important in the case of the sick. The most carefully prepared food is useless if it is left uneaten. Deglutition comes before digestion and absorption, and if food is not swallowed the system gets no good from it.

All nurses know that a cup of hot milk, broth, cocoa, or whatever liquid is acceptable, will often put a restless patient to sleep after he has been twisting about for an hour or more. This is especially true if he wakes at three or four o'clock in the morning and cannot easily fall asleep again. A biscuit may be added, if a mouthful of solid food is desired, but nothing that requires exertion to eat it.

If nurses remembered that cooking is a branch of applied chemistry they might take more interest in it. They should not need any other incentive than the fact that the food given him is far more important to her patient than the medicine prescribed for him. There are a few specifics, and, except in special emergencies, medicine does not play a large part in the cure of disease. On the other hand, without proper nourishment, nature has not a fair chance to rally her forces and cannot get the body into good working order again.

It is worth while for a nurse to master the principles of cookery, and get rid of the idea that a patient's food is the least important part of the nursing—to be left to anyone who will take off her hands the trouble of preparing it. Diet kitchen work seems very dull and tiresome to many, but it is superlatively worth while if she learns to cook well. Nothing will endear her more to her patient than presenting him with delicious dishes which no one can cook as well as herself. She will earn and retain the everlasting gratitude of the family if she can satisfy the fickle appetite that no one has been able to please well enough to induce the patient to take the necessary amount of nourishment. Learn to cook.

THE GOOD AND BAD OF "E"

I thought "E" to be the most unfortunate letter in the alphabet, because it's always out of cash, forever in debt, and always in torment. But, after I became better acquainted with "E," I found it was never in war and always in peace. It is the beginning of existance, the commencement of ease and the end of trouble; without it there would be no meat, no life, no heaven. It is the centre of honesty, makes love perfect, and without it there would be no hope.—*McGill Daily.*

The World's Pulse

By Elizabeth Robinson Scovil

The Armistice

Sir Douglas Haig, than whom we can have no higher authority, has recently said that anyone who to-day thought that the armistice had been granted too soon, failed to appreciate either the conditions of war in these days of armies of millions, or the completeness of the surrender Germany made when she took the armistice terms. The surrender of the German fleet was not more abject, more complete, or more irrevocable. They were now in sight of a peace which would, they hoped, last for many years.

Priests' Strike

A strike which is without precedent is that of the priests of Loreto, in Italy. It is a celebrated resort of pilgrims, whither, according to the legend, the Casa Santa, or house of the Virgin at Nazareth, was miraculously transported by angels in 1294. Before the war half a million pilgrims visited the shrine annually. The priests asked for increased financial assistance on account of the high cost of living. When their claims were not granted, they stopped celebrating masses and performing other religious duties.

Sinking of the German Fleet

British opinion seems to be that the Allies are well rid of the German men-of-war which were sunk by their crews at Scapa Flow. The men opened the stopcocks and the ships filled and sank, all explosives having been removed. The ships were obsolete, very dirty and in bad repair. The British had always wanted the ships disposed of in this way; the Americans and some of the other Allies objected. A possible cause of heart-burning and dissension is thus removed.

Irish Difficulties

It is suggested, as a possible solution of the Irish difficulties, that two provincial governments, one for the North and one for the South of Ireland, be established, with a joint inter-provincial executive committee to handle the affairs of common concern, which would be referred to it by both provincial assemblies. This cannot be consummated until the Sinn Fein defiance of established authority is suppressed.

Minimizing Flying Risks

The British Air Minister, Major-General Seely, suggests that lighthouses should throw vertical beams of light for the guidance of

aviators. Improved landing grounds are also needed. The average good field is 200 yards across; an airplane requires 400 yards to land safely. A slower flying speed and slower landing speed is recommended. It is proposed to appoint a committee of flying men, aircraft constructors and Government representatives to find how best money could be spent to minimize the risks of flying.

Salvage Ships

A new type of ship is being constructed in England for the purpose of raising some of the vessels sunk in the war. They are built of concrete, with broad ship-shaped bases, rising tier on tier, like a wedding cake, to the top, which is 100 feet from the bottom. The blocks of which they are composed are hollow and, by means of water-tight doors, can be filled with water. Two are then sunk, one on each side of the ship to be raised, to which they are lashed by divers. The water is then pumped out and air substituted, when they will rise to the surface, bringing the sunken ship with them.

A Victory Medal

The Allies and associated Powers have agreed to institute an Inter-Allied War Medal, to be known as the Victory Medal. Officers and soldiers will in future not wear foreign commemorative war medals, or ribbons, for service in the war.

Hoover's Warning

Mr. Hoover, the American who is feeding Europe for the Allies, says "Europe must work or starve." If it does not get down to work at once there will be a famine next year. To produce the largest quantity of wages, the largest number of people must work hard and produce the largest possible quantity of goods. Every man who works makes work for someone else.

Mind Cures

A lecturer on pathological psychology at King's College, London, recently said that a patient may be preoccupied about his stomach. He has an attack of indigestion and thinks there must be something wrong. This concentration disturbs the digestive secretions, and there is a slowing down of the process. By mental analysis and suggestion many neurasthenics can be cured, and sleep can be induced in this way almost invariably.

Lessons by Films

In the United States there are already 1,000 schools giving lessons by means of movie pictures. Every new school built has a film-projecting box. Natural history and geography are the subjects taught in this way at present, but history is soon to be included. It is found that children will concentrate their whole mind on a film for fifteen minutes and will be receptive for half an hour; a longer period tires them. The system is being introduced into Great Britain.

The Nurse's Library

Practical Dietetics, with Reference to Diet in Health and Disease. Twelfth Edition. By Alida Frances Pattee. A. F. Pattee, Publisher, Mount Vernon, N.Y. Price, $2.00.

Miss Pattee's book is well known to all schools for nursing, and to very many private nurses, who feel that they are not equipped for their cases without this valuable book, with the total energy value placed with each recipe. Each year a new edition is issued, bringing the book up to the latest diet for the sick and convalescent. State Board requirements in diet and examination questions are given in a supplement which is sent free with each copy of the book. There is also a convenient handbag diet book with condensed material from the larger book. This may be had for 50 cents additional, and is only sold in connection with Practical Dietetics.

* * * *

Dietetics for Nurses. Fourth Edition Revised and Enlarged. By Julius Friedenwald, M.D., Professor of Gastro-enterology in the College of Physicians and Surgeons, Baltimore; and John Ruhrah, M.D., Professor of Diseases of Children in the College of Physicians and Surgeons, Baltimore. 12o. of 467 pages. Philadelphia and London: W. B. Saunders Company, 1917. Cloth, $1.50 net.

This splendid text-book is in its third edition and has been brought quite up to date. The article on diabetes has been largely rewritten, and valuable diet lists added. The sections on infant feeding and nephritis have been augmented and information added on vitamins, the amino-acids and other valuable information given. The subject of diet is getting justly added attention in its relation to diet, and this part of a nurse's education is most valuable.

* * * *

Social Reconstruction. A general review of the problems and survey of remedies. Issued by the Committee of Special War Activities, National Catholic War Council, Washington, D.C., 930—14th St., N.W.

In these days, when reconstruction is the great demand on everybody, it is a help to people to have in a concrete form some of the most urgent problems and of their remedies. This pamphlet can be recommended as being full of real information, and gives the busy nurse a chance to review in her mind the difficulties that are round her on every side. There is no place now for the ignorant woman, nor for anyone who is not prepared to help solve, in her own sphere, the present-day problems.

Hospitals and Nurses

NOVA SCOTIA

Miss Pemberton, night superintendent of the V.G.H., Halifax, and practically the founder of the N.S.G.N.A., has left for Vancouver on a visit to friends, and represents the association as their official delegate at the C.N.A.T.N. convention there.

The marriage took place recently in St. Mary's Cathedral, Halifax, of Miss Margaret Macdougall, C.A.M.C., to Lieut. John Gannon, also of the C.A.M.C. Miss A. B. Macdonald, nursing sister, of Camp Hill Military Hospital, was bridesmaid. The bride is a graduate of St. Joseph's Hospital, Glace Bay, C.B., and spent three years in France with the Laval Unit, and was decorated by the French Government.

Another wedding of interest in nursing circles was that of Nursing Sister Boland, C.A.M.C., and Lieut. Waugh. Miss Boland was well known in Halifax, where she nursed for some years, both in the V. O. N. and in the Children's Hospital. They will reside in Prince Edward Island, where the Major has an appointment.

The following nursing sisters have returned from overseas and are on duty in Halifax: Misses J. B. Macdonald, Smith, Margaret MacDonald, Walters, Williams, Archard, Fitzgerald and Elizabeth Cook.

At a meeting of the School Board, permission was given the V. O. N. to use, twice a week, a room in the Bloomfield School for a baby clinic.

Nursing Sister Margaret McKenzie, formerly of the V. G. Hospital, who has spent four years in France, the Mediterranean and England, is spending a few days in Halifax.

* * * *

QUEBEC

Royal Victoria Hospital, Montreal

There has recently been hung in the Nurses' Home a very beautiful portrait, done in oils, of the late Nursing Sister Alexina Dussault. This memorial is the gift of the governors of the hospital to the training school. On the lower side of the frame is attached a plate bearing the following inscription: "Nursing Sister Alexina Dussault, C.A.M.C., Royal Victoria Hospital, 1910. On Active Service, 1914-1918. Drowned by enemy action when the Llandovery Castle was torpedoed, June 27th, 1918."

Alumnæ members will be very sorry to learn that Miss A. Simms, night superintendent of the Ross Memorial, is at present a patient there, suffering from a severe attack of acute articular rheumatism.

The sudden death occurred at Glen Springs, N.Y., of Mrs. Gardner, wife of Dr. William Gardner, after a short illness. The funeral was held from her late home, Sherbrooke Street, May 28th, 1919.

Misses Prescott, Buck, Davidson and Mrs. Roberts, of Westmount, represented the Alumnæ Association at the convention in Vancouver, B. C.

Deep sympathy is felt for Dr. H. B. Cushing in the loss of his wife on June 23rd. Mrs. Cushing was Miss Jessie Barnard, a graduate of the H.S.C., Toronto.

The presentation took place in the assembly room of the Nurses' Home of a beautiful chest of silver from the governors of the R.V.H. and staff to Colonel B. A. C. Scrimger, V.C. Dr. George Armstrong, with a short speech, presented the silver. Among those present were Sir Vincent Meredith, Sir Herbert Holt, many of the visiting staff, and Mr. H. E. Webster, staff nurses and friends.

Miss Mary MacDonald, 1918, is doing V.O.N. work in Sydney, N. S.

Miss Mary Chisholm, 1918, is nursing in Winnipeg.

The following is an official list of graduates of the Royal Victoria Hospital who have been awarded the Royal Red Cross: Misses Mary Bliss, Mary Clint, Lillian Lidgeon, Jessie H. Robertson, Ida B. Smith, Lucy G. Squire, Dorothy Winter, Flora H. Wylie, Nellie Enright, Maude Wright, Jane Glandenning, Mary F. Steele.

Sherbrooke

Nursing Sisters E. M. Stewart and E. W. Ord, graduates of Sherbrooke Hospital, have recently returned home after three years overseas duty in England and France.

Miss Doris Stevens is spending a short holiday in Pembroke, Ont.

A very enjoyable reception was recently given by the Graduate Nurses' Association of the Eastern Townships, in the Y.W.C.A. Hall, to a recent bride, and to three other nurses who are soon to follow her example.

A pleasing incident of the afternoon was the presentation by Mrs. Morkill, on behalf of the association, to Mrs. H. Galt Lomas, Miss Rainier, Miss Murray and Miss Hall of a cut-glass bon-bon dish to each, coupled with words of regret in the loss to the nursing service of these active workers, and with warm wishes for their future happiness. Among those present were Mrs. Gordon, superintendent of the Sherbrooke Hospital; Miss Kennedy, her assistant; Mrs. W. R. Hall, Miss Lomas, and other friends.

* * * *

ONTARIO

Graduate Nurses' Association of Ontario

The sixteenth annual meeting of the Graduate Nurses' Association of Ontario was held in Kingston on April 24th and 25th, 1919, where

the association was the guest of the Alumnæ Association of Kingston General Hospital. The convention was held in the New Medical Building, Queen's University, and was one of the most representative and interesting which has been held. In all the details of arrangement, both for the programme and entertainment, the committee, under the convenership of Mrs. S. F. Campbell, Kingston, had left nothing to be desired.

The secretary's report stated that special activities during the year had, of necessity, been curtailed owing to the disorganizing effects of the influenza epidemic.

The most important items of business transacted were the consideration and adoption of regulations regarding the formation of chapters and the decision of the association to have the secretary-treasurer a paid official.

At the round table conducted by Miss Catton, Ottawa, "The Practical Nurse," "Eight-Hour System for Graduate Nurses," and "The Form of a Suitable Memorial for Canadian Nurses" were the principal subjects discussed.

The eight-hour system for special nurses did not meet with the approval of the convention. The concensus of opinion in reference to the memorial for Canadian nurses was that it should take some practical form, such as a fund to assist nurses who became disabled or broken down in health in service.

The evening session of April 24th was open to the public, and included on the programme a paper by Mrs. Robinson, of the Victorian Order, Kingston, on "Child Welfare Work." Mrs. Robinson reviewed the development of this work, showing the comparative progress in European countries, United States and Canada. The child welfare work in Kingston is carried on under the local branch of the Victorian Order of Nurses, with a committee of twenty women, who finance the work.

Colonel Biggar, of the Board of Pension Commissioners, Ottawa, gave a most enlightening and instructive address on "Disability Pensions." In his opening remarks Colonel Biggar paid a tribute to nurses and the part they had taken during the war. He continued to explain that pensions are not given for service, for wounds or disease. The returned soldier is not supposed to be discharged from a hospital until he is fit, and the means employed for rendering him fit were described; that the making of a soldier into a pensioner does him a grave injury, but the aids to re-establishment make him an independent citizen. Canada's pension law is the most scientific, most inclusive, and, until recently, the most expensive.

Rev. Dr. R. J. Wilson, of Kingston, in speaking on the nursing profession, stated that a standard should be fixed for the training of nurses, so that their diplomas would have the value and authority of a college degree. In reference to the nursing situation, he said that municipalities should undertake to provide graduate nurses for patients

requiring such attention; also that "the country had spared no expense in caring for the lives of the soldiers, and were not the lives of the young as important?" He added: "The days are coming when public men will be afraid of anything that does not administer to the public good. Have a community nurse everywhere, and give the child the right to live that is due him."

The following are the officers for 1919 and 1920: President, Miss Ella Jamieson, 5 Summerhill Gardens, Toronto; First Vice-President, Miss Kate Mathieson, Riverdale Hospital, Toronto; Second Vice-President, Miss Potts, Toronto; Secretary-Treasurer, Miss M. T. Foy, 163 Concord Avenue, Toronto. Directors: Miss Eunice Dyke, Miss Catharine Fairley, Miss Mary Brennen, Mrs. A. C. Joseph, Miss Margaret Hall, Miss E. MacP. Dickson, Miss Hannah, Miss J. E. Bilger, Miss Mary A. Catton, Miss Whiting, Miss McIlroy, Miss Rowan, Miss Ellis, Miss Reynolds, Miss Cook, Miss Walker, Miss Londeau.

Guelph

The graduation exercises in connection with the Guelph General Hospital took place at the hospital May 23rd, and proved a very pleasant occasion. The following is the list of the fifteen graduates of the 1919 class: Misses Rachel Hall Speers, Ethel M. Eby, Frances B. Mann, Hazel M. Taylor, Anna L. Fennell, Mary E. Smith, Mary G. Sugden, Mabel A. Bowen, Margaret L. Wilhelm, Katherine Craig, Winnifred MacLean, Ethel J. McCullough, Ella M. Fraser, Alma W. Fleming, Miriam Lawson.

During the evening an excellent musical programme was enjoyed by all. After singing the National Anthem, the members of the class were heartily congratulated by their friends, and informal dancing was indulged in at the Nurses' Home.

Hamilton

Following graduates of H.C.H. have returned from overseas: Miss Elizabeth Aitken, Miss Ann Cameron, Miss M. Wilkin, Miss Lillian Morden.

Miss Catherine Irwin is sick in London, England.

Miss Insole, Registrar of our Central Registry, is going to represent the Hamilton nurses at the National Convention in Vancouver.

The annual graduation exercises of the training school for nurses in connection with Hamilton General Hospital were held June 19th in the assembly hall of the Collegiate Institute, and were followed by the annual graduation dance. The class comprised 32 graduates. T. H. Pratt, chairman of the board of hospital governors, occupied the chair. The invocation was delivered by Rev. Dr. Renison. The address to the graduating class was delivered by Sir John M. Gibson; and the Florence Nightingale pledge was administered by Dr. W. A. Langrill, medical superintendent. The diplomas and pins were presented by the Women's Canadian Club, the Emma S. Pratt Scholarship was presented to Miss Ruby Smith by Mrs. E. F. Lazier, and the Mary McLaren

House Scholarship to Miss Shutterworth by Mrs. A. F. Hatch. At the close of the graduation exercises an informal reception was held, Miss Fairley, lady superintendent, welcoming several hundred guests.

Following are the graduates: Florence A. Beaty, Ola M. Beaty, Ella A. Baird, Catharine C. Harley, Kathleen M. Peart, Emily S. Peach, Effie I. Aldred, Ella C. French, Margaret E. Westcott, Mary Snell, Pearl G. Tinney, Mary E. Stewart, Eliza E. Stephens, Carrie E. Boyce, Leah P. Smelser, Mildred Shuttleworth, May G. Campbell, Gladys E. Taylor, Ethel Fitzgerald, Ethel M. Dryden, Mildred E. Cimmins, Frances E. Moore, Anna C. N. Hager, Violet Cookson, Florence Filman, Okal G. Mather, Marjorie H. McPhail, Armeda M. Champ, Bessie Thorpe, Grace Dunn, Annie H. Moffatt, Ruby V. Smith.

Woodstock

The annual meeting of the Woodstock General Hospital A.A. was held June 9th, at the Nurses' Residence. A most successful year was brought to a close, as the reports showed, and a vote of thanks was given the retiring officers for their work. The following were elected for 1919-1920: Hon. President, Miss Frances Shappe; President, Miss M. H. Mackay, R.N.; Vice-President, Miss Annie McLean; Treasurer, Miss Evelyn Piers; Assistant Treasurer, Miss Grace Woolley; Corresponding Secretary, Miss Agnes Weston.

Peterboro

Nursing Sister E. M. Beamish, C.A.M.C., has returned from service overseas and has resumed her duties as superintendent of Nicholls Hospital, Peterboro, where she received a warm welcome. Of the graduates from this school who went overseas, two—Misses Mabel K. Coudas and Gertrude Reid—have been awarded the Military Medal. The graduation exercises of Nicholls Hospital were held in the Collegiate Hall, May 21st. Mr. Richards, chairman of the board, was able, for the first time since his illness three years ago, to preside. In his address he welcomed back, after service overseas, Miss Beamish as superintendent, and also expressed his appreciation of the work done by Miss Sanderson as acting superintendent during Miss Beamish's absence. He then presented the diplomas and medals to the following graduates: Misses Ruth E. Jones, Alma O. Coffin, Cora L. McCarthy, Letitia White, Lulu Brown and Mrs. E. J. Hanna (nee Parsons).

Addresses were given by Mr. Joseph Wearing and Dr. F. C. Neal.

The bandaging prizes were won by Misses Ruth E. Jones and Letitia White. Dr. E. E. Harvey presented to Miss Ruth E. Jones the "Harvey Medal" for general proficiency. After a musical programme, the exercises closed by singing the National Anthem.

Kingston

On Easter Saturday the K.G.H.A.A. held a Violet Tea, which netted $970.00. This is being spent in linen and beds for the Nurses' Home.

On April 22-23 the G.N.A.O. held their annual convention in Kingston, which proved a very great help to the association.

At the last meeting of the Alumnæ for the summer Mrs. George Nichol, after sixteen years of very faithful service, resigned her position of president of the association, to the regret of all members.

The Alumnæ Association presented the hospital with a brass tablet, with names of nurses who served overseas and at home with the forces and who graduated from the Kingston General Hospital. This was placed in the hall of the hospital.

The graduates and prize-winners at the Kingston General Hospital Training School for Nurses were announced on Tuesday evening, May 6th, 1919, as follows:

Graduates—Madge Glen, Kingston; Constance Nesbitt, Kingston; Amy Caldwell, Kingston; Mary C. Brouse, Iroquois; Marion Davis, London; Ethel Simmons, Kingston; Grace Lyons, Toronto; Christine Hume, Milton; Myrtle Watts, Kingston; Olive Anderson, Lindsay; Lillian Berney, Carraduff, Ireland; Blanche Heasler, Gananoque; Bessie Wilson, Kingston; Alma Frost, Kingston; Lillian Lord, Tichborne; Lorena Sheffield, Lyndhurst; Blanche Bauder, Verona; Blanche Avery, Mallorytown; Lily Rogers, Kingston; Leith Cochrane, Stella; Lilla Wilson, Wellington; Lucinda Michell, Elmwood.

Graduating Class Prizes: Gold medal—Myrtle Watts, Kingston. Silver medal—Mary C. Brouse, Iroquois. Prize in medical nursing—Ethel Simmons, Kingston. Prize in pediatrics—Myrtle Watts, Kingston. Prize in materia medica—Ethel Simmons, Kingston.

Intermediate Class Prizes: First prize—Isobel Atkins, Portsmouth. Prize in practical nursing—Olive Todd, Brewer's Mills. Prize in dietetics—Edith Delahaye, Pembroke. Prize in minor surgery—Kathleen Nicholls, Oxbridge. Prize in junior class—Kate Harold, Kingston.

Toronto

The graduation exercises of the Wellesley Hospital Training School took place June 10th, 1919, at the hospital. The chairman, the Hon. Sir William Mulock, K.C.M.G., president of the board, gave an address, touching on the growth of the hospital and congratulating it on the splendid war record of its graduates. The annual report of the school was given by Miss Elizabeth G. Flaws, superintendent of the hospital; an address was given by Colonel Herbert Bruce, who spoke of the splendid work done on all fronts during the Great War by the 1,826 nursing sisters Canada had sent.

The pins and diplomas were distributed by Miss Mary A. Sniveley and the scholarships by the donors, as follows:

Senior Year, for General Proficiency, given by Sir Edmond Osler—Miss Helen McMurtry, $50.00; Miss Florence Stewart, Junior Division, $50.00.

The Herbert A. Bruce Scholarship for Proficiency on Operating-room Technique, won by Miss Winnifred Gooding, $50.00.

Intermediate Year—The Sir John Eaton Scholarship for General Proficiency: Miss Vera Malone, Senior Division, $25.00; Miss Reitta Book, Junior Division, $25.00.

Junior Year—The Sir William Mulock Scholarship for General Proficiency, won by Miss Waple Greaves, Senior Division, $25.00; Miss Dorothy Powers, Junior Division, $25.00.

The following were the graduates for 1919: Belle Marie Clancey, Guelph; Florence I. McGillivary, 504 Sherbourne Street; Margaret A. Tenderson, Toronto; Winnifred F. Gooding, Kenora; Elizabeth S. Caldwell, Lanark; Helena R. Hamilton, 504 Sherbourne Street; Florence A. Stewart, Kingston; Effie E. Ingall, Ottawa; Gladys G. Nash, Morrisburg; Grace M. Davis, Tillsonburg; Jessie Campbell, Arnprior; Jessie P. McCormick, Watford; Victoria M. Marsh, Lindsay; Florence M. Patterson, Port Hope; Rosemond M. Laturney, Kingston; Marion I. Robson, Colborne; Pearl D. Fisher, St. Andrews, Jamaica; Sadie S. Brown, Kingston; Frances C. Clark, Hamilton; Emma S. Maylor, Forest; Daisy B. Lodge, Arnprior; Jessie H. McMurtry, Galt.

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MANITOBA

Winnipeg

The regular monthly meeting of the M.A.G.N. was held at the Nurses' Residence, April 29th, 1919, the President, Miss Elizabeth Carruthers, in the chair. The standing committees for the ensuing year were appointed:

Programme Committee—Miss Martin, convener.
Social Committee—Miss Asher, convener.
Sick Visiting Committee—Miss Wonnacott, convener.
Press Committee—Miss Gilroy, convener.

The "Trained Attendant" was the subject of a very interesting discussion, after which the following resolution was adopted by the Association: "Resolved, that the Association approves of the training and registration of attendants." The Committee on Legislation was instructed to draw up an outline of a plan for this training.

The graduating exercises of the 1919 class of the Winnipeg General Hospital took place at the Nurses' Home, May 28th, 1919. The prize-winners were: Miss Florence Chapman, Royal Household Prize, presented by the Ogilvie Milling Company for highest general proficiency, for Infectious Diseases, prize presented by Mr. W. F. Alloway; and prize for Surgery, presented by Mr. E. D. Martin. Miss Alma B. Walker, prize for Bandaging, presented by Mr. E. L. Drewry; Miss Annie M. Leitch, prize for Obstetrics, presented by Mr. J. S. Hough, and Miss Violet Wright, prize for Charting, presented by Mr. J. B. Pearse. Scholarship, Intermediate Class, Miss Florence Gruchy; presented by Mr. A. E. Mott. Scholarship, Junior Class, Miss Jessie Williamson; presented by Mr. G. F. Galt.

The following are the names of the graduates: Miss Christina M. Grant, Miss Mabel E. Naisbitt, Miss Irene Harris, Miss C. Jean McDonald, Miss Laura B. Broatch, Miss Lloid Sanderson, Miss Mary I. Fraser, Miss Gladys M. McDougall, Miss Lillie M. McAulay, Miss Elsie C. Gemmel, Miss E. Pearl Bradley, Miss Frances M. Allingham, Miss Elizabeth H. Polson, Miss Clara J. Gledhill, Miss Nellie A. Conner, Miss Alma B. Walker, Miss G. Edith Melville, Miss Mary E. Bannister, Miss Minnie Garrioch, Miss Eva M. Symons, Miss Marjorie H. Erickson, Miss Lillian Myra Scott, Miss Florence Chapman, Miss Violet Wright, Miss Mabel L. Stutter, Miss Margaret M. Straith, Miss Ethel M. Forke, Miss Margaret J. Ramage, Miss Mary E. Hogan, Miss Gudrun I. Thompson, Miss Edith I. Odell, Miss Annie C. Munro, Miss Edna Morgan, Miss Lillian E. Houston, Miss Jean A. Malcolm, Miss Bessie G. Jones, Miss Gertrude A. Johnson, Miss S. Emma Johannesson, Miss Gladys C. McDonald, Miss Ethel M. Ironside, Miss Isabel M. Hamilton, Miss Luzetta A. McCall, Miss Ruby M. Simpson, Miss M. Annie Leitch, Miss Vera L. Graham, Miss Alma R. Wall, Miss Dorothea G. Shields, Miss Marian Pickering, Miss Emma Jackson, Miss Marion G. Bell, Miss J. H. Burnett, Miss Anna S. Loptson, Miss Ella A. Kerr.

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BRITISH COLUMBIA.

Miss E. B. Ridley, assistant chief matron of the C.A.M.C. in France for the past three or four years, has been appointed directress of nursing in the Vancouver General Hospital. Miss Ridley is a Canadian, and trained at the New York Hospital, New York. She has held several positions in the United States, as well as in China, where she did organizing work in connection with training schools.

Miss Marie MacDonald, R.N., and Miss L. E. Davenport, R.N., graduates of St. Paul's Hospital, Vancouver, have accepted positions as superintendent and assistant at Ocean Falls General Hospital.

A wedding of interest to many friends is that of Nursing Sister Gladys Carvolth, former sister-in-charge of the Shaughnessy Military Hospital, to Captain George Grant Stewart, C.A.M.C., of Edmonton. The wedding was performed in the Pemberton Memorial Chapel, Jubilee Hospital, Victoria. After the honeymoon, Captain and Mrs. Stewart will reside in Edmonton, where Capt. Stewart is in charge of the S. C. R. Hospital.

Arrangements have been made by the University of British Columbia whereby young women who have matriculated for university work can take a combined course of two years in Arts and three years in an accredited hospital training school, and, on completion, obtain a degree from the University. The exact title of the degree has not yet been decided upon.

The Clubhouse for Returned Army Sisters, under the auspices of the G.N.A. of B. C., was formally opened July 5th, when the associa-

tion held a reception for the nurses attending the conventions, and for the purpose of showing the house, of which they are so proud, to their numerous friends. The club is situated at 2847 Spruce Street, and is a roomy house which has a homelike atmosphere which will go straight to the heart of the nursing sister who is home once more after her years of strenuous work. The guests were received by Miss Jessie McKenzie, president of the G.N.A. of B.C.; Miss E. Breeze, secretary; Mrs. M. E. Johnston, vice-president; Miss Helen Randal, registrar; while Miss Ruth Judge, Mrs. J. W. Wilson, and Misses Mary and Janet Campbell assisted in entertaining. Mrs. Rose, Mrs. R. C. Boyle, Mrs. S. D. Scott, Mrs. A. U. de Pencier, Mrs. G. T. Gilpin and Mrs. Cunningham presided at the tea-table in the dining-room, which was beautifully decorated with red roses. A programme of music was arranged by Mrs. Henry Boak, which added greatly to the enjoyment of the evening. Most of the nurses who were visitors in the city, attending the conventions, were the guests of the association.

Miss R. Blyth, graduate of Leeds Infirmary, Leeds, England, who has been overseas for two years, has returned to Vancouver.

Miss Bertha Marsden, of Chilliwack, graduate of the Woman's Hospital, San Francisco, has been appointed superintendent of the Babies' Hospital, Haro Street, Vancouver, a department of the Vancouver General Hospital.

Miss Isabel J. Smith has tendered her resignation as superintendent of the King's Daughters Hospital, Duncan, B.C., and plans to take a course at Macdonald College, Guelph, Ont.

The Psycho-Therapy Department at the V.G.H. Military Annex has been completed and in charge of Miss McIntyre, who has taken the course at Hart House, Toronto, and has organized recently a similar department at Winnipeg General Hospital.

The B. C. Hospital Association held its convention in Victoria, July 8-10, and had a good attendance. All papers were interesting; the nurses' section being in charge of Miss Helen Randal, R.N., registrar of the G.N.A. of B.C. Papers were read on the "Standardization of Training Schools," by Miss Randal, which was discussed by Miss Jessie MacKenzie, R.N.; "Post Graduate Work," by Miss Kate Scott, R.N., discussed by Mrs. M. E. Johnstone, R.N.; "Public Health Nursing," by Miss Jessie Forshaw, R.N., discussed by Mrs. Hannington, chief superintendent of the V.O.N. At the close of the meeting resolutions were passed approving of the standard curriculum presented by the G.N.A. of B. C. and the general scheme of standardization of training schools for the province.

Splendid exhibits were shown by the Jubilee Hospital and St. Joseph's Hospital, Victoria, and from the Military Department of the V.G.H. and S.C.R.

The association had the privilege of having addresses by Miss Isabel Stewart, of Columbia University, New York; Miss Jean Gunn,

C.N.A. of T. N.; Miss Elizabeth Flaws, president C.A.N.G., who were in Victoria after attending the convention in Vancouver.

BIRTHS

SCRIMGER—At the Montreal Maternity Hospital, June 23rd, 1919, the wife of Colonel F. A. C. Scrimger, M.D., V.C., of a daughter. Mrs. Scrimger was Miss Ellen Carlenter, R.V.H., 1914.

SCOTT—May 25th, 1919, to Dr. and Mrs. R. R. Scott (Miss Violet Matthews, Royal Victoria Hospital, 1911), 972 St. Catherine Street, Montreal, Que., a daughter.

SCOTT—At the Ottawa Maternity Hospital, on May 8th, 1919, to Mr. and Mrs. J. Barrett Scott, wife of the late Dr. J. Barrett Scott, of Moose Jaw, Sask., a daughter. Mrs. Scott was Miss Elizabeth Duclos, R.V.H., 1910.

MARRIAGES.

HODGSON-ANDERSON—On June 19th, 1919, by the Rev. C. S. Deeprose, Nora St. Clair Anderson (R.V.H., 1918) to G. Wilfred Hodgson, of Montreal.

MORRISH-STRACHAN—In Ottawa, on June 21st, 1919, by the Rev. Dr. W. T. Herridge, Lillian Fraser Strachan (R.V.H., 1919) to Lieut. Walter Morrish, M.D., of Shrewsbury, Devon, England.

MACINTOSH-MACDONALD—At Ennismore Gardens, Kensington, England, in April, 1919, the marriage took place of Nursing Sister Hilda MacDonald (R.V.H., 1914) to Major William MacIntosh, of Winnipeg.

WIGGETT-RAINIER—On June 20th, 1919, at Lennoxville, Que., Barbara Rainier, graduate Sherbrooke Hospital, to Mr. Roy Wiggett, of Sherbrooke, Que.

LOMAS-MACKAY—At Scotstown, Que., on June 3rd, 1919, Miss Elsie Mackay, graduate Jeffery Hales' Hospital, Quebec, to Mr. H. Galt Lomas, of Sherbrooke, Que.

GILLAM-BEARD—In England, on June 10th, 1919, Nursing Sister Margaret Beard, of Scotstown, Que., to Major George J. Gillam, C.A.M.C., of Toronto. Mrs. Gillam is a graduate of the Sherbrooke (Quebec) Hospital.

PATTERSON-MCMILLAN—In June, 1919, in Collingwood, Ont., Miss Marjorie E. McMillan, eldest daughter of Mr. and Mrs. Alex. McMillan, to Capt. Herbert C. Patterson. After the honeymoon, Capt. and Mrs. Patterson will reside in Montreal.

STEVENSON-BRUNK—At Grace Methodist Church, St. Thomas, Ont., on June 4th, 1919, by Rev. G. Watts, Lavinia Brunk, daughter of Mr. and Mrs. Charles Brunk, Stratford, Ont., to Mr. R. W. Stevenson, of St. Thomas, Ont. Mrs. Stevenson is a graduate of Amasa Wood Hospital, St. Thomas, Ont., class 1917.

PENSE-NICHOL—At Chalmers Presbyterian Church, Kingston, Ont., June 18th, 1919, by the Rev. Dr. MacGilliveray, Dorothy, daughter of Mr. and Mrs. George Nichol, of Cataraqui, to Lieut.-Col. H. E. Pense, of 21st Battalion. Col. Pense served for four years in command of the 21st Battalion. Mrs. Pense is a graduate of Kingston General Hospital, 1918.

MOLLOY-GUILD—At Sydenham Methodist Church, by Rev. W. T. G. Brown, Jennie Guild (K.G.H., 1913) to Charles Molloy, of Molloytown, Ont.

URRIE-LYONS—In Toronto, June 20th, 1919, Grace Lyons (K. G. H., 1919) to Dr. P. L. Urrie; graduate of Queen's, 1919.

MOULE-FRASER—On Wednesday, June 4th, 1919, at 622 Balmoral Street, Winnipeg, Lena A. Fraser to Herbert Moule, B.H.B.D., of Sault Ste. Marie, Ont.

DEATHS.

CUSHING—In Montreal, June 23rd, 1919, Jessie Barnard, beloved wife of Dr. H. B. Cushing, Montreal. Mrs. Cushing was a graduate of the Hospital for Sick Children, Toronto, Ont.

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The following departments of work are being actively prosecuted by the Institute: Industrial Department for Men; Industrial Department for Women; Department of Field Work; Department of Home Teaching; Department of Prevention of Blindness; Library Department; Department of After Care; Residence and Vocational Training Centre for Blinded Soldiers.

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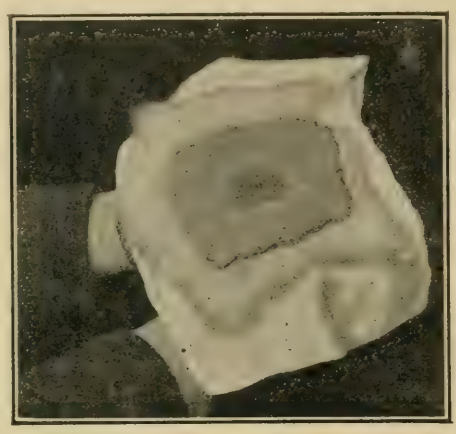
Remove an Antiphlogistine dressing at the end of twelve hours and examine it. The center will be wet, provided there is an inflamed area beneath it; an outer zone merging into the center will be moist, and the part which has covered healthy tissue will be comparatively dry.



In the outer zone the blood is flowing freely and uninterruptedly through the underlying vessels, forming a current directed away from Antiphlogistine. Its liquid contents therefore follow the direction of least resistance and enter the circulation through the physical process of endosmosis. In the center zone there is stasis, no current tending to overcome Antiphlogistine's hygroscopic property. The point of least resistance for the liquid exudate is therefore in the direction of Antiphlogistine, exosmosis is going on in the zone, hence the excess of moisture

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The fat element of milk is the commonest article of food in the daily diet, and costs less in the usual way than it would cost if it were in Klim.

Grocers all have Klim. One pound, according to directions, makes four quarts of liquid.

KLIM—the safe powdered separated milk, with the flavor Nature gave it.

We have plants at Brownsville, Belmont, Burford, Hickson and Glanworth, Ontario.

Canadian Milk Products Limited

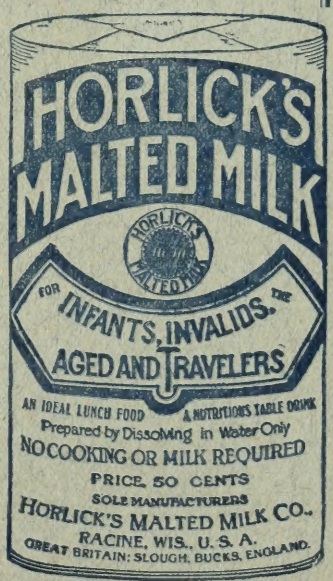
Toronto

Montreal Winnipeg St. John

An Aid in Convalescence

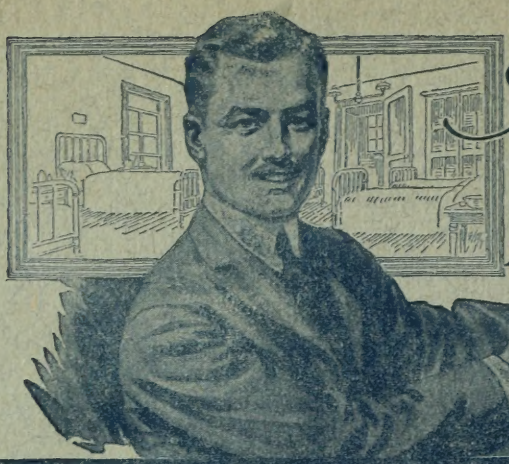
"HORLICK'S" is clean, safe and dependable. Its quality assures service and results. Fats, proteids, carbohydrates and salts are properly proportioned and in easily assimilated form to progressively build up the patient.

SAMPLES SENT UPON REQUEST



Horlick's Malted Milk Co.

Racine, Wis. Slough, Bucks, Eng. Montreal, Can



It Pays to Look for This Name on Maroon Sheeting

MEINECKE

MEINECKE

MEINECKE

MEINECKE

How do YOU Figure Your Rubber Sheeting Cost?

Do you figure it merely at so much per yard, or do you figure the cost per bed *per annum?*

The latter is the only correct way.

Obviously if you buy a Rubber Sheeting that has to be replaced every four or six months, the price has to be multiplied two or three times to get the annual cost.

If a Rubber Sheeting lasts only four to six months, is it not more economical to pay twice the amount for a Rubber Sheeting *which is positively guaranteed for two years, and which may last three or four years, and possibly longer?*

Our guarantee is that the "Meinecke" Maroon Rubber Sheeting will not get hard, crack or peel off, within two years from date of purchase, provided oils or oily preparations do not come in contact with it.

MEINECKE MAROON RUBBER SHEETING is the most ECONOMICAL SHEETING made.

MEINECKE & CO., *New York.*